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## Child Abuse & Neglect



### Research article

# Childhood sexual abuse, sexual motives, and adolescent sexual risk-taking among males and females receiving child welfare services

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### ARTICLE INFO

#### Article history:

Received 31 July 2016

Received in revised form

19 December 2016

Accepted 16 January 2017

Available online xxx

#### Keywords:

Child sexual abuse

Sexual motives

Sexual risk-taking

Child welfare

Youth

Mediator

### ABSTRACT

Childhood sexual abuse (CSA) is associated with multiple negative outcomes, including increased risky sexual behavior. To date, the majority of research on the relationship between CSA and risky sex in adolescence has been limited, with a lack of focus on males and youth receiving child welfare services. Participants in the current study were 297 youth (mean age = 15.98; *SD* = 1.01, 57.6% female) from the child welfare system who reported being sexually active at the time of the survey. CSA was associated with severity of other types of maltreatment for both genders, and exposure to intimate partner violence for females only. In general, males engaged in more sexual risk behaviors than females. Males with CSA had stronger motives to have sex for: (1) coping, (2) peer approval and (3) partner approval, as compared to non-CSA males; as well as (4) greater motives for partner and peer approval compared to females with CSA. Males with no CSA had stronger sexual motives for enhancement (e.g., feeling pleasure) compared to females with no CSA. Mediation analyses revealed a significant indirect effect for coping motives for males: CSA was associated with increased motives to use sex for coping which was associated with increased sexual risk-taking. These findings provide important information regarding the relationship between CSA and sexual risk-taking for child welfare sample and highlight coping with negative affect as a potential mechanism that underlies the CSA-risky sex relationship. It also encourages further consideration of motives for risk and resilience behaviors among youth.

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## 1. Introduction

In 2016, the Global Partnership to End Violence Against Children was launched to make child and youth protection a common priority and collective responsibility. This cross-sector partnership (e.g., United States Centers for Disease Control and Prevention; World Health Organization (WHO); United Nations) crafted targets for the 2030 Agenda for Sustainable Development that specifically identifies sexual violence, where it considers that an estimated 120 million girls and 73 million

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<http://dx.doi.org/10.1016/j.chiabu.2017.01.013>

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boys have been victims (<http://www.end-violence.org>). Its tenets are that no violence is justifiable and that all violence is preventable, where Sustainable Development Goal 16.2 is to end abuse, exploitation, trafficking and all forms of violence and torture against children. Approaches include better protection systems and provision of effective support, where concerns are injury, non-communicable (e.g., obesity) and communicable (e.g., unsafe sex practices, HIV, sexually transmitted infections (STI), multiple sexual partners) disease, health (unintended, adolescent pregnancies; pregnancy complications, and mental health problems (mood, posttraumatic stress disorders, suicidality etc.)). The WHO (2016) defines sexual violence as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” (p. 149). This can include unwanted or forced sex in dating. Sexual violence is a higher-order category that includes child sexual abuse (CSA).

CSA has been identified as a critical global public health, human rights, and humanitarian-related issue, with rates of self-reported CSA overall at 18% for girls and 7.6% for boys (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). In the provincial survey in Canada, MacMillan, Tanaka, Duku, Vaillancourt, and Boyle (2013) found that 22% of female and 8% of male respondents had experienced CSA. Studies of assessing the validity of retrospective self-report of child maltreatment, including CSA, have found that the rate of false negatives are considerable, ranging between 40 and 50% (Fergusson, Horwood, & Woodward, 2000; Hardt & Rutter, 2004; Scott, Smith, & Ellis, 2010; Widom & Morris, 1997). These underestimates may be related to co-occurrence of CSA with threats of harm to encourage non-disclosure, as well as low self-disclosure due to stigma and shame (Paine & Hansen, 2002).

Given that CSA is defined so variably by various statutes, it seems best to specify the legal definition when considering incidence data based on institution-level reporting. In Ontario, Canada, the use of the term CSA is based upon the Ontario Child and Family Services Act (<https://www.ontario.ca/laws/statute/90c11>), where child refers to under age 18, where there is a failure to protect the child from the possibility of sexual molestation or sexual exploitation, including child pornography, and where there is a risk that the child is likely to be sexually molested or exploited. The Ontario Incidence Study of Reported Child Abuse and Neglect, where there is an investigation rate of 53.39/1000 children, estimates the rate of substantiated CSA as 0.36/1000 children (Fallon et al., 2015). CSA is the least reported type of child maltreatment to child protection agencies. Previous research has found that rates of caseworker substantiation and level of harm for CSA is lower for boys than girls, whereas findings reveal no gender differences in abuse severity (Maikovich, Koenen, & Jaffe, 2009). Considering official child welfare rates and caseworker reports, CSA may seem as a low priority concern for cases receiving services from child welfare (e.g., on-going case management, referral to community services, etc.). While CSA may have occurred in earlier developmental periods, the increase in conceptual and critical thinking in adolescence may be at odds with a child welfare service that does not engage youth over age 16 and does not provide youth with standardized opportunities to engage, developmentally, with their perceptions of their maltreatment experiences. Yet, there is demonstrated value to the reporting of adolescents (e.g., Wekerle et al., 2001).

Adolescence is a critical developmental period for providing youth with an opportunity for CSA self-disclosure. Finkelhor, Omrod, Turner, and Hamby (2005) suggest that youth can respond to surveys on child maltreatment with reliable information after age 10. However, many delay disclosing until many years after the termination of CSA (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009). CSA may be re-considered in adolescence, given a normative engagement in sexual behaviors, yielding a proximal physical and mental engagement with the body, sex, and sexuality. Further, youth are developmentally aligned with re-considering their identity formulation, autonomy, and matters such as sexual orientation. This may yield a willingness to disclose sensitive information, and this may be a resilience factor. For example, among school-aged youth (7–12 years), self-reflection partially mediated the CSA – negative outcome relationship (Ensink, Bégin, Normandin, & Fonagy, 2016). Self-reflection, or reflective functioning, is a developmental domain relating to the conceptualization of the self and others in close, interpersonal relationships and relates to thinking about one’s mental or affective state. For youth exposed to CSA, self-reflection may be a safer activity in which to engage when there is more autonomy in terms of self-direction, greater levels of felt protection, and greater felt sense of security. For example, Finkelhor, Shattuck, Turner, and Hamby (2014) found higher rates of self-report of CSA with older rather than younger adolescents, although the explanation for this observation remains unclear.

Further, there is cause for concern that males may be especially vulnerable to developmental disruptions given the age of CSA onset. The US Incident-Based Reporting System for 2013 (<https://www.fbi.gov/about-us/cjis/ucr/>) confirms that sodomy or rape among males is most commonly occurring to preschoolers, perpetrated by older adolescent or adult males. As male youth age, gender norms and gender-based stereotypes for masculinity may add to stigma and shame associated with CSA, reducing the likelihood of disclosure at all or disclosure at more mature developmental stages. For example, when victims are school-aged in CSA scenarios (age 7 and age 12), attitudinal research suggests that male victims are expected to be competent in defending themselves from CSA, and that male youth find the victim more “blame-worthy” (Esnard & Dumas, 2013). When males disclose, they indicate that responses to disclosure were mixed; however, experiencing a helpful response significantly predicted lower distress (Easton, 2014).

Research is robust in finding that CSA is associated with multiple negative outcomes in adolescence and adulthood (Fergusson, McLeod, & Harwood, 2013), including difficulties in educational (Boden, Horwood, & Fergusson, 2007), financial (e.g., unemployment, Liu et al., 2013), physical (e.g., chronic pelvic pain, Irish, Kobayashi, & Delahanty, 2010; sleep, Stein et al., 2012), psychiatric and substance abuse (Maniglio, 2013a, 2013b; Pérez-Fuentes et al., 2013; Tonmyr, Thornton, Draca, & Wekerle, 2010) domains. CSA is a well-established risk factor for increased risky sexual behavior (e.g., unprotected sex,

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