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Breaking the Darkness: Helping Female Victims of Child Sexual Abuse

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Breaking the darkness

Helping female victims of child sexual abuse

An ongoing study by Valerie Simon, Ph.D., is focused on how to help female victims of child sexual abuse (CSA) get the help they need to avoid sexually risky behavior and its potentially life-altering consequences.

Simon, assistant professor of psychology in the Merrill Palmer Skillman Institute, is examining the trajectories and potential mechanisms of sexual risk behavior among young adolescent females with CSA histories. Her efforts are being supported by a five-year, \$755,121 grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health.

Learning how CSA affects adolescent females' sexual risk behavior is important, Simon said, because they have disproportionately high rates of sexually transmitted infections, largely due to heterosexual contact. A recent national survey showed that over one year, as many as 320,000 children were sexually abused or assaulted.

Females with histories of CSA are especially vulnerable, she said, because in addition to benefiting less from traditional risk-reduction efforts, they tend to initiate sex at earlier ages and have frequent or unprotected sex, sometimes with a number of partners. Consequences of such risky behavior include exposure to sexually transmitted diseases, HIV infection and early or rapid-repeat pregnancies.

Previous research has shown that traditional risk-reduction programs aren't as successful with the group Simon is studying (ages 11 to 14), and she says at this point researchers don't really

understand why. Such programs, including one developed by Dr. Bonnie Stanton, chair of pediatrics at Wayne State University's School of Medicine and a pediatrician at Children's Hospital of Michigan, target children before they become sexually active, teaching abstinence skills as well as "sexual agency," or knowing how to say no and set limits on sexual behavior.

Simon said studies suggest that such risk-reduction programs are successful with other groups of vulnerable youth, including those with mental health problems, but that they are less effective with sexually abused youth.

"Some researchers have suggested that when faced with sexual possibility situations, these youths are so emotionally aroused and overwhelmed that what skills they do have just go out the window," she said. "However, there is very little research in this area other than to document problems."

Simon hypothesizes that older children or young adolescents who have been sexually traumatized may experience age-normative social stimuli as potential trauma cues. This could include everything from girlfriends talking about crushes or their first kiss, or seeing a movie with mild sexual contact.

"Learning to negotiate romance and sexuality is an important and challenging developmental task under the best of circumstances," Simon said. "In the case of CSA, ill-timed and coercive sexual experiences may distort youths' reactions to many of the typical, age-appropriate romantic and sexual stimuli in their social lives."

Sex may become associated with shame and fear rather than warmth and caring, and with concerns about dominance and submission rather than mutuality. As a result, youths who have been sexually abused may become emotionally overwhelmed or dysregulated in the face of age-normative sexual stimuli in ways that might interfere with learning to navigate romantic and sexual experiences.

"That could take the form of avoidance, unhealthy sexual behavior, or the idea that sex is something that's just given away or used to get something else," Simon said. "Feeling marginalized because of CSA experiences or traumatized by normal age-appropriate stimuli could be detrimental to their ability to form close friendships, which is part of what lays the foundation for healthy romantic relationships."

Her study comprises two phases. The first will analyze existing data from a 20-year longitudinal study of CSA to examine the relationships among mental health problems, physiological reactions during an interview about their sexual abuse experiences and later sexual risk behavior. During this phase of the study, Simon will work with Jennie Noll, Ph.D., associate professor at the University of Cincinnati College of Medicine and one of the original investigators of the longitudinal study. That data shows an average age of 13 for those girls' first sexual intercourse, often with older partners and with high revictimization rates.

Results from the first phase of Simon's study will inform a new investigation, for which she will gather data about the sexual development of 120



abused and nonabused adolescent females between 11 and 14 years old. Simon will examine differences in girls' reactions to age-appropriate stimuli, which likely will include things like word lists, video clips of boy-girl dating interactions and picture cards of such interactions that require them to make up a story. Those reactions will be assessed over time to understand whether females with CSA histories respond differently to those age-normative stimuli and, in turn, whether their reactions predict sexual risk behavior.

Resistance to techniques for avoiding sexually risky behavior may be unique to sexually abused children. Simon believes such resistance may have something specifically to do with the unique way that sexual abuse distorts sexual development.

Her hypothesis is that there is something specific about early sexual coercion that proves disruptive to sexual development. Among nonabused children, however, Simon expects that only externalized behavior problems will predict sexual risk.

"We don't really know what specifically happens to CSA victims, or the mechanisms," she said. "If we can follow them over time, we can better understand how sexual health and sexual development unfolds for these kids so we can develop for effective risk-reduction and intervention programs."

"We really need to understand what's happening as these girls enter puberty and their social worlds become more sexual, as well as how they respond and how we can better help them foster more healthy sexual development when that becomes salient to them."



"Learning to negotiate romance and sexuality is an important and challenging developmental task under the best of circumstances."

— Dr. Simon



About Dr. Valerie Simon:

Dr. Simon received a B.A. in music therapy from Loyola University, and a Ph.D. in clinical and development psychology from the University of Denver. She completed her clinical residency at the University of North Carolina at Chapel Hill and a post-doctoral fellowship at the Warren Alpert Medical School of Brown University. She joined Wayne State University in 2005.

For more information, visit:

<http://www.clas.wayne.edu/faculty/simon>

