

Gender-Related Sexual Abuse Experiences Reported by Children Who Were Examined in an Emergency Department



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ABSTRACT

The purpose of this study was to examine the experiences of sexual abuse by 95 children of two gender groups to determine differences in their reported sexual exploits by perpetrators. Significant differences between female and male children were reported. Male child-victims experienced more anal penetration by penis (54.5%, 10.7% respectively) and finger (27.3%, 2.7% respectively), however; female child-victims experienced more mouth contact to their genitalia (22.7%, 10.0% respectively) and body kisses (47.9%, 9.1% respectively). A more gender-specific approach could help to facilitate prevention, and produce better outcomes.

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Experiencing child sexual abuse at an early age can initiate lifelong problems. In this research, the focus was on child sexual abuse experiences as reported by two gender groups, male and female. Traumatic events could create a long period of psychological distress, which may negatively influence interpersonal relationships and coping skills of the children who have been sexually abused. The effects of this trauma can endure for years (Brodhagen & Wise, 2008; Kryszynska, Lester, & Martin, 2009). The relationship between gender and outcome may depend on characteristics of the children and the consequences being measured. First, victims who were more closely related to the perpetrators and were abused for a longer duration suffered more severe physical and mental damage (Gilbert et al., 2009). However, findings concerning the relationships between gender of the victim and frequency of child sexual abuse have been mixed (Kouyoumdjian, Perry, & Hansen, 2009). Kinner (2007) argued that boys commonly are physically stronger and tend to protect themselves more than girls, whereas young female victims commonly are less able to physically resist sexual encounters than are male victims (Deering & Mellor, 2011). Male perpetrators are more able to use their physical strength to control and limit the child-victim's resistance to sexual encounters (Miner et al., 2010). On the other hand, Ranney et al. (2011) hypothesized that boys might be more reluctant to report sexual abuse. Boys may have fears related to their identities as males or worry about being labeled as homosexuals or sexual deviants. Therefore, male sexually abused child-victims may be less likely to disclose the abuse.

Due to increased public awareness, reporting and seeking medical care for child sexual abuse may be occurring with more frequency and promptness, which could bring attention to the magnitude of this problem (Hilariski, Wodarski, & Feit, 2008). The signs and symptoms of child sexual abuse depend on several factors, such as the child's gender, age, developmental epochs, and whether the perpetrator used force during the sexual activity (Bode-Jänisch, Meyer, Schroeder, Günther, & Debertin, 2011; Kouyoumdjian et al., 2009). Aggravated physical and psychological symptoms may serve as warning signs for parents and health professionals for additional screenings and assessment; specifically, behavioral problems and acting out should be considered as additional warning signs (Fromuth & Holt, 2008; Kuehnle & Connell, 2009; Murphy, Potter, Stapleton, Wiesen-Martin, & Pierce-Weeks, 2010). Although child and youth sexual abuse have received broad attention, many studies reflect a fragmented approach that fails to show the inter-relationship between the different gender groups with regard to the intensity, frequency, and health outcomes of child sexual abuse (Balboni, 2011). Analyses of the emergency department reports of alleged child sexual abuse could help unravel the complexities of the phenomenon (Creswell & Zhang, 2009).

CONCEPTUAL FRAMEWORK

The conceptual framework for this study was centered on Bronfenbrenner's ecological systems theory (1979), in which there are five levels of a system that interact to create an environment that impacts the lives of children, families, and communities: ontogenic (individual) development, microsystem (family, friends, school, church), mesosystem (combined effects of microsystem and exosystem), exosystem (community), and macrosystem (cultural) influences (see

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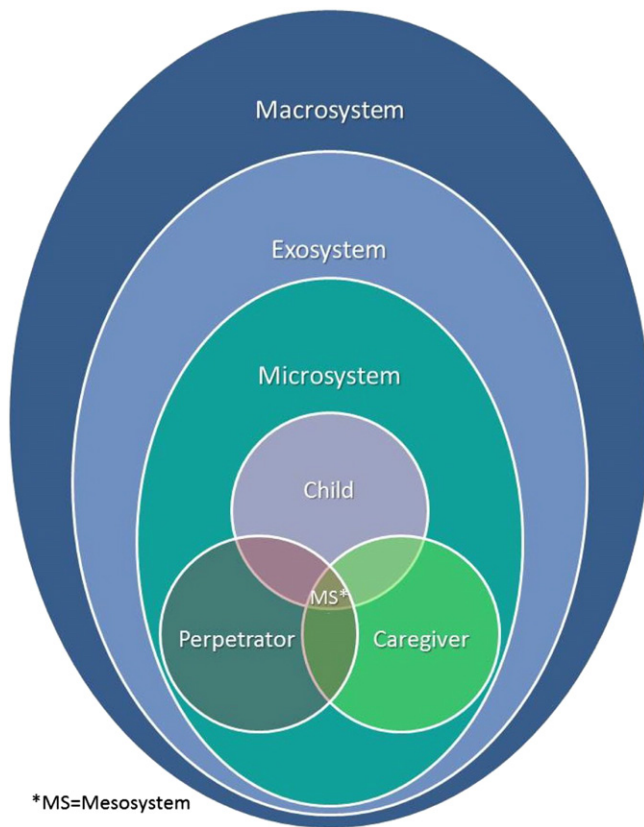


Fig. 1. Bronfenbrenner's ecological model used for study of child sexual abuse. Adapted from "The Ecology of Human Development: Experiments by Nature and Design," by U. Bronfenbrenner, 1979. Copyright 1979 by the President and Fellows of Harvard College.

Fig. 1). The ecological systems theory has been used by researchers to provide insight into the interplay of a child with family, community, and culture. Over time, it has enhanced understanding of the dynamics of child sexual abuse (Sinanan, 2011; Ulrich, 2008).

In this study, we examined gender-related sexual abuse experiences that occurred in the microsystem and mesosystems. Within the microsystem, the perpetrator is more likely to be a part of a child's world; according to Finkelhor, Hammer, & Sedlak (2009), perpetrators are often friends, neighbors, or family members who have access to children. Family dynamics plays a role in how individuals conceptualize physical and sexual abuse (Lutz-Zois, Phelp, & Reichle, 2011) because family support and cohesion may influence the child's ability to resist victimization and abuse (Miller-Perrin & Perrin, 2007). The mesosystem is evident through the interactions that occur between and among the child, the perpetrator(s), and parent(s)/caregiver(s) (Bronfenbrenner, 1979). Through the mesosystem, the perpetrator has opportunities to gain access to the male/female child (noted above, most of child-victims have been sexually abused by either a family member or a family acquaintance). Child-victims may have different experiences based on their gender. This fact might help to explain why some child-victims did not provide detailed information to the sexual assault nurse examiner (SANE; Brown & Campbell, 2010). Furthermore, an intimate relationship with the perpetrators might cause further disruption in the family if additional "secrets" are disclosed (Floyd, Hirsh, Greenbaum, & Simon, 2011; Hwa et al., 2010; see Fig. 2).

Research Questions

After extensive review of the literature, we formulated the two questions that are the foundation of this research:

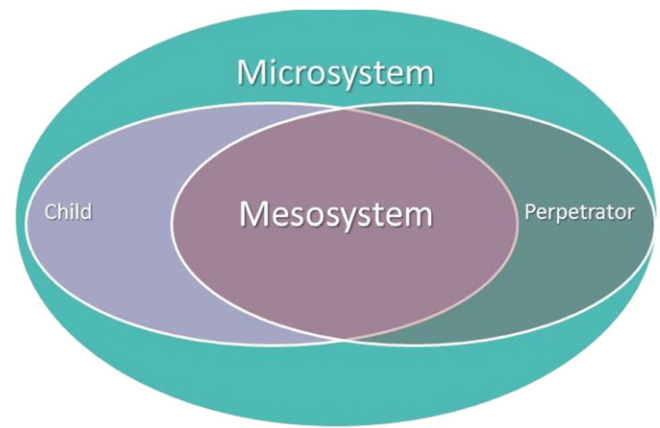


Fig. 2. Sub ecological model illustrating the focus of this study. Adopted from "The Ecology of Human Development: Experiments by Nature and Design," by U. Bronfenbrenner, 1979. Copyright 1979 by the President and Fellows of Harvard College.

Question 1. What were the demographic characteristics of the children, aged 6–14, who were treated for alleged sexual abuse in the emergency department of an urban Midwestern research and teaching hospital?

Question 2. Was the child's gender associated with specific sexual abuse behaviors?

METHODS

Purpose

The purpose of this study was to examine the experiences of sexual abuse by children of two gender groups to determine differences in their reported sexual exploits by perpetrators. This descriptive, retrospective study examined the recorded assault and abuse histories of a convenience sample of the hospital records of 95 children (6–14 years old) who were treated for alleged sexual abuse in the emergency department of an urban Midwestern research and teaching hospital. The inclusion criteria included data of children between 6 and 14 years of age whose clinical records had comprehensive information about the medical evidence and other data collected during the interview in the emergency department. This age was chosen because it is the developmental epoch with the highest incidence of child sexual abuse (US Department of Health and Human Services, 2007). Children under age 6 were excluded because they are more likely to be pre-verbal or may not have had the language facility to express their reactions, and because the historical and clinical information that they could provide might have been limited (Hershkowitz, Lanes, & Lamb, 2007). Children over 14 years old were excluded because they are more likely to be voluntarily sexually active with peers (Dixon-Mueller, 2008).

Sexual behaviors among middle-adolescents (10–14 years old) may occur as these children go through puberty (Miller-Perrin & Perrin, 2007). Menarche and spermatarche are occurring ever-earlier, as early as at 9 years (Biro, Huang, Daniels, & Lucky, 2008; Semiz, Kurt, Kurt, Zencir, & Sevinç, 2008; Terry, Ferris, Tehranifar, Wei, & Flom, 2009). This research focused on two subgroups: boys (6–14 years old) and girls (6–14 years old). The groups were divided based on developmental milestones (signs) determined by gender.

The data were analyzed to explore the patterns of child sexual abuse among children who reported it at an urban Midwestern research and teaching hospital emergency department between 2006 and 2010. The alleged victims had been transported to the emergency department by parents or other family members. The child and parent(s)/caregiver(s) were individually interviewed in a private and confidential place in the emergency department. The emergency department used a multidisciplinary model of care where sexual-abuse-related health

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