



## Caregiver perceptions of sexual abuse and its effect on management after a disclosure

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### ABSTRACT

**Objective:** The aim of the study was to examine caregiver management strategies for child sexual abuse (CSA) when presented with hypothetical scenarios that vary in physical invasiveness.

**Methods:** One hundred fifty three caregivers were given 3 scenarios of CSA with 7 management strategies presented in the 21-item Taking Action Strategies (TAS) scale. Caregivers were asked to rate strategies according to their willingness to carry out each action with rating of 5 = greater likelihood of carrying out the action specified while a rating of 1 = a lower likelihood of carrying out that action. CSA scenarios included exposure to pornography/masturbation, fondling, and penetration while management strategies including fighting the accused, blaming the child, and outreaching to the authorities. Repeated measures ANOVA was used to compare mean TAS scores for the management strategies across CSA scenarios.

**Results:** The difference between TAS scores across the abuse scenarios was statistically significant ( $p < .001$ ). Mean TAS scores reflected greater preference for taking action if the abusive act was perceived as more physically intrusive (exposure to pornography/masturbation-TAS 3.5, fondling-TAS 3.7, penetration-TAS 3.8). Caregivers reported being less willing to handle a disclosure of CSA without outreach (TAS 2.5 and 2.0 for fighting and blaming the child, respectively) and more willing to manage a disclosure with outreach to authorities (TAS 3.8, 4.5, and 4.7 for outreaching to Child Protective Services [CPS], to the child's healthcare provider and police, respectively). A predictor of caregiver outreach to authorities identified was the caregiver having past interactions with CPS.

**Conclusion:** Perception of the physical invasiveness of CSA and demographic factors can impact caregiver management strategies after a disclosure.

**Practice implications:** Results suggest that several factors influence caregiver management of sexual abuse. These factors warrant further study, as they are potential contributors to declining trends in CSA cases observed. Other implications include the need for educational efforts targeting caregivers. These interventions should focus on dispelling myths about the perceived physical invasiveness of CSA. These perceptions should not mitigate a caregiver's decision to involve the authorities in their management after a disclosure. Lastly, despite criticisms of the child protective systems, caregivers with past encounters with CPS view these related agencies as valuable resources.

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## Introduction

### *Prevalence of child sexual abuse*

Prevalence estimates indicate that 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18 (Felitti et al., 1998). Other studies estimating lifetime prevalence rates based on national samples of adolescents and women found low-end estimates of sexual abuse. These estimates range from 3% to 9% (Finkelhor & Dziuba-Leatherman, 1994; Kilpatrick et al., 2000; Ruggiero et al., 2004). Higher estimates of victimization, 24–32%, were obtained from samples of adult women who reported sexual abuse during their childhood (Briere & Elliott, 2003; Vogeltanz et al., 1999; Wonderlich, Wilsnack, Wilsnack, & Harris, 1996). A meta-analysis of 22 American-based studies utilizing both national and local or regional representative samples suggest that 30–40% of girls and 13% of boys experience sexual abuse during childhood (Bolen & Scannapieco, 1999). The wide range of prevalence estimates vary with the sample used and the type of questions asked, thus the true prevalence of CSA remains unclear.

In 2008, an estimated 3.3 million referrals involving the alleged maltreatment of approximately 6.0 million children were received by child protective service (CPS) agencies. Nearly 2 million reports (involving 3.7 million children) were investigated. Approximately 24% of the investigations determined at least 1 child in a family to be a victim of abuse or neglect. Nine percent of this subset were victims of CSA (United States Children's Bureau, 2010). Lifetime and current prevalence estimates are thought to be conservative as the estimation of any form of childhood victimization in the general population is a difficult task. A common theme in the research is that sexual abuse is extensively undisclosed and underreported (Bagley, 1992; Courtois & Watts, 1982; Finkelhor & Browne, 1986; Slager-Jorne, 1978; Swanson & Biaggio, 1985; Tsai & Wagner, 1978). As a result, most aggregate data conclude that the numbers of CSA cases identified are conservative estimates (Lemmy & Tice, 2000; Miller-Perrin & Wurtele, 1988; Mullen & Fleming, 1988; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Sauzier, 1989).

Similar trends have been observed where sexual crimes have the lowest rates of reporting for all crimes (Terry & Tallon, 2004). These trends among victims may be attributed to factors such as not all would use the same language to describe their experiences and not all participants are willing to share information (Terry & Tallon, 2004). These factors, in their entirety, cannot be extrapolated to account for similar reporting trends for CSA. The role of mandated reporters such as parents and parent-figures must be taken into account as they are responsible for the triaging and relaying this information to the necessary authorities.

### *Responders to children's disclosures of CSA*

The dynamics surrounding CSA disclosures are complex and impact a child victim's actions after the event (Arata, 1998; Fontes, 2005; Futa, Hsu, & Hansen, 2005; Sauzier, 1989; Sgroi, Canfield Blick, & Sarnacki Porter, 1982; Terry & Tallon, 2004). In a longitudinal study on disclosure in children who were sexually abused, 55% of these child victims disclosed after the event, while 45% never disclosed. Of the children who disclosed, the majority made the initial disclosures to their parent or parent-figure. Other children initially disclosed to a medical or mental health professional, law enforcement, siblings, teachers, school personnel or other children (Sauzier, 1989). Although a disclosure by the child is important in the victim-to-patient process, it is an adult caregiver's outreach to authorities that is essential to halting the abuse and securing medical and mental health services for that child.

### *Decline in CSA cases and reporting*

Substantiated cases of CSA decreased from a national estimated peak of 149,800 cases in 1992 to 103,600 cases in 1998, a decline of 31%. During this time, a decline in substantiated cases also occurred in the majority of states, with no clear regional pattern. Out of 47 states with complete data, 36 states recorded a decline of more than 30% since their peak year. The average decline for all states was 37%. In most of the states, the decline was gradual occurring over several years. Other types of child maltreatment have also declined in recent years. Substantiated cases of physical abuse declined 16% from a 1995 peak; however the decrease in CSA cases has been more significant with a 31% decline in CSA cases during this same period. Comparable to the decline of substantiated cases, CSA reports also decreased from an estimated 429,000 in 1991 to 315,400 in 1998, reflecting a 26% decline in reported cases (Finkelhor & Jones, 2004).

Possible explanations for the decline in cases of CSA over the past 2 decades have been offered. This trend has been attributed to an actual decline in the incidence of CSA, changes in attitudes or policies, and standards that have reduced the amount of CSA being reported and substantiated. The observed decline in reports suggests that the drop in cases is partly the result of fewer reports of CSA reaching CPS agencies. Therefore, any explanation of the decline must include a consideration that there are fewer incidents of CSA to be reported or changes have occurred in reporting behavior for this form of victimization (Finkelhor & Jones, 2004).

Finkelhor and Jones (2004) conducted a survey of state child protection administrators to gather evidence and contribute hypotheses about the decline in CSA. Although the administrators expressed many ideas about the decline, six themes were identified and backed by anecdotal support. The first explanation highlighted increasing conservatism within CPS. This conservatism in standards regarding "questionable" cases (e.g., allegations arising within divorce and custody

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