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Child Abuse & Neglect



Research article

A longitudinal study of emotion regulation among sexually abused preschoolers

Ariane Séguin-Lemire^a, Martine Hébert^{b,*}, Louise Cossette^a, Rachel Langevin^a

^a Department of Psychology, Université du Québec à Montréal, Canada

^b Department of Sexology, Université du Québec à Montréal, Montréal, QC, H3C 3P8 Canada

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ABSTRACT

The aim of the present study was to investigate the evolution of emotion regulation competencies in sexually abused preschoolers. Children's emotion regulation abilities and their emotional lability and negativity were assessed shortly after disclosure of sexual abuse and one year later, and compared to those of non-abused children. A sample of 47 sexually abused (37 girls, 10 boys) and 74 non-abused children (54 girls, 20 boys), aged 3–7 years ($M = 56.83$ months; $SD = 9.55$), participated in the study. Parents and daycare educators or teachers completed the *Emotion Regulation Checklist* (Shields & Cicchetti, 1997) and an adapted version of the *History of Victimization Form* (Parent & Hébert, 2006). Parents reported more emotional lability/negativity in sexually abused children, with an increase of difficulties and a larger difference between groups at follow-up assessment conducted one year later. Parents of sexually abused children, especially those of boys, also reported lower emotion regulation competencies in their child than parents from the comparison group. According to educators, victims of sexual abuse had lower emotion regulation abilities, but their lability/negativity tended to subside over time. Various hypotheses are proposed to explain the differences between sexually abused boys' and girls' emotion regulation competencies, and between the two informants. Clinical implications are also discussed. Emotion regulation seems to be an important dimension to consider in future interventions for this specific population.

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Sexual abuse (SA) in childhood is a serious social problem given its high prevalence and negative repercussions. According to a meta-analysis, the prevalence of SA among children is 12.7% (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). About one in every five women and one in every ten men report having suffered SA before the age of 18 (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Stoltenborgh et al., 2011).

Child sexual abuse has been associated with a myriad of mental health and behavior problems (Collin-Vézina, Daigneault, & Hébert, 2013; Zephyr, Cyr, Hébert, Bernier, & Beaudoin, 2015). Compared to their non-abused peers, sexually abused children show more posttraumatic stress (Berliner, 2011; Villeneuve Cyr, & Hébert 2011), depression (Greger, Myhre, Lydersen, & Jozefiak, 2015), and anxiety symptoms (Doerfler, Toscano, & Connor, 2009), as well as more sexualized behaviors, self-destructive behaviors, and externalizing behavior problems (Doerfler et al., 2009).

Although 30% of sexually abused children are preschoolers (U.S. Department of Health and Human Services, 2013), we know little about the specific outcomes in this population. Sexually abused preschoolers are likely to have experienced SA

* Corresponding author.

E-mail address: hebert.m@uqam.ca (M. Hébert).

as severe as those reported by older children (Beaudoin, Hébert, & Bernier, 2013) and their symptoms appear to be similar to those found in school-aged children (Beaudoin et al., 2013; Hébert, Langevin, & Bernier, 2013; McCrae, Chapman, & Christ, 2006). However, preschoolers seem more likely to develop dissociative symptoms than older children (Bernier, Hébert, & Collin-Vézina, 2013).

In addition, sexually abused preschoolers have been found to show poor emotion regulation competencies that could contribute to the development of internalizing and externalizing behavior problems (Langevin, Cossette, & Hébert, 2016; Langevin, Hébert, & Cossette, 2015). In fact, experiencing maltreatment (i.e. neglect, physical and/or sexual abuse) has a negative impact on the development of emotion regulation (Lilly, London, & Bridget, 2014; Shipman, Zeman, Penza, & Champion, 2000). Yet, the acquisition of emotion regulation skills is a major developmental task in early childhood and is essential for psychosocial adjustment (Calkins & Hills, 2007; Thompson, 2013). A longitudinal study conducted by Kim and Cicchetti (2010) with school-aged children showed a significant relationship between various forms of maltreatment and emotion dysregulation. Emotion dysregulation was also found to mediate the link between early maltreatment and internalizing and externalizing behavior problems (Kim & Cicchetti, 2010).

Emotion regulation is defined as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their temporal features, to accomplish one’s goals” (Thompson, 1994; pp. 27–28). Context appropriate expressions of emotions, empathy, and awareness of own and others’ emotions are all indicative of positive emotion regulation competencies (Gross, 2013). On the other hand, high lability, under or over-control of emotional responses, and excessive sensitivity and responsiveness to emotional stimuli are indices of emotion regulation disorders (Dunsmore, Booker, & Ollendick, 2013; Kim-Spoon, Cicchetti, & Rogosch, 2013).

Parents play a central role in the development of their child’s emotion regulation abilities (Eisenberg, Hofer, Sulik, & Spinrad, 2013; Stegge & Terwogt, 2007; Thompson, 2013). An environment that provides the child with adequate support and learning opportunities enables her/him to acquire internal control and effective strategies to self-regulate positive and negative emotions (Cole, Dennis, Smith-Simon, & Cohen, 2009; Eisenberg et al., 2013). Experiencing high levels of distress associated with severe traumatic events in early childhood, such as SA, can lead to serious emotional disorders, especially for younger children who have fewer resources to cope with distress (Thompson & Calkins, 1996).

Emotion dysregulation can undermine social and cognitive functioning, as well as child mental health (Langevin et al., 2016; Lilly et al., 2014). Emotion dysregulation is part of the diagnostic criteria of most mental health disorders (Mullin & Hinshaw, 2007). In young children, emotion dysregulation is associated with externalizing and internalizing behavior problems (Eisenberg et al., 2013; Langevin et al., 2015). For instance, children who display externalizing disorders tend to perceive the world in a more hostile manner, which can increase their anger reactions (Mullin & Hinshaw, 2007; Stegge & Terwogt, 2007). These angry reactions may contribute to peer rejection and victimization (Mullin & Hinshaw, 2007). Poor emotion regulation abilities are also related to the persistence of PTSD symptoms (Lilly et al., 2014).

In sum, emotion regulation competencies appear to play a key role in socioemotional adjustment and in the quality of social relationships. The preschool period is a milestone in the development of emotion regulation, particularly in the development of self-regulation skills (Calkins & Hill, 2007). Traumatic events that occur during this period may compromise the acquisition of basic abilities in children and have a long-term effect on their development and well-being (Godinet, Li, & Berg, 2014; Zephyr et al., 2015).

Following the cross-sectional studies conducted by Langevin et al. (2015, 2016), the aim of the present study was to further investigate the development of emotion regulation among sexually abused preschoolers. More specifically, we examined the evolution of children’s emotion regulation skills as well as their emotional lability and negativity shortly after the disclosure of SA and in a follow-up assessment conducted one year later, and compared them to non-abused children’s. We hypothesized that sexually abused children would have lower emotion regulation abilities than children from the comparison group at the follow-up assessment and show more emotional lability and negativity.

1. Method

1.1. Participants

A sample of 47 sexually abused children, 37 girls and 10 boys, aged 3 ½ to 6 ½ years ($M = 57.49$ months, $SD = 10.44$) and their non-offending parents was recruited at Time 1 (T1), following disclosure of SA, at two intervention centers in Montreal. A comparison group of 74 non-abused children ($M = 56.16$ months; $SD = 8.65$), including 54 girls and 20 boys, was recruited with their parents in daycare centers and kindergarten of the Montreal area. Children in the SA group ($M = 68.22$ months, $SD = 10.52$) and in the comparison group ($M = 68.18$ months; $SD = 8.66$) were met with their parents for a follow-up assessment one year later (T2). The initial sample consisted of 80 sexually abused preschoolers ($M = 59.19$ months, $SD = 11.31$) and 78 non-abused children ($M = 55.08$ months; $SD = 9.17$). Twenty parents from the SA group refused to participate at T2 and 14 others could not be reached. Only four children and their parents did not participate at T2 in the non-abused group (three refusals and one family could not be reached). Children’s educators or teachers were also invited to complete questionnaires. Twenty-two educators/teachers in the SA group and 51 in the comparison group completed the questionnaires at both measurement times.

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