

**Risk and protective factors associated
with posttraumatic stress disorder
among child victims of sexual abuse**

Honors Capstone Video Presentation

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WHAT IS CHILD SEXUAL ABUSE? (CSA)

- Sexual abuse can be defined in many ways, but according to the Rape, Abuse & Incest National Network (RAINN), it refers to “...sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include attempted rape, fondling or unwanted sexual touching, forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body, penetration of the victim’s body, also known as rape”

CSA STATISTICS

Every 9 minutes,

child protective services substantiates, or finds evidence for, a claim of child sexual abuse.

RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org

Please visit rainn.org/statistics/children-and-teens for full citation.¹

- The United States Department of Health and Human Services (2018) estimates that around 63,000 children are sexually assaulted every year in the United States.
- 30% of substantiated cases, 10% involve allegations of child sexual abuse (U.S. Department of Veterans Affairs, 2022).



PTSD STATISTICS IN CHILDREN

- The overall rate of PTSD development in children who have been affected by trauma was 15.9% (Alisic et al., 2014).
- Approximately 90% of children who experience CSA develop PTSD as children, with a large majority going undiagnosed (Rainville, 2012).

PTSD PRESENTATION IN CSA VICTIMS

Physical health

- Physical injuries
- High BMI
- Problems related to childbirth
- Unexplained medical problems

Emotional wellbeing, mental health and internalising behaviours

- Emotional distress
- Trauma/ PTSD
- Anxiety
- Depression

Externalising behaviours

- Substance misuse
- 'Risky' and inappropriate sexual behaviours
- Offending

Interpersonal relationships

- Reduced relationship satisfaction and stability
- Issues with intimacy and parent-child relationships

Socio-economic

- Lower educational attainment
- Higher unemployment
- Financial instability
- Homelessness

Religious and spiritual belief

- Disillusionment with religion
- Faith as a coping mechanism

Vulnerability to revictimisation

- Sexual revictimisation in childhood and adulthood
- Other types of victimisation

RISK FACTORS

Learning disabilities

Older age

A lack of social support

Intellectual disabilities

Female sex

Prior victimization

Poor coping strategies

Disclosure– Dependent on
negative reactions after
disclosure has occurred

PROTECTIVE FACTORS

Being male

Younger age

Positive coping strategies

Disclosure soon after the assault occurs

Regular social support

AGE

A highly debated topic in relation to PTSD among **CSA** victims

Ackerman and colleagues (1993) argue that older children are more negatively affected by CSA than younger children.

LEARNING DISABILITIES

Intellectual function or an Intelligence Quotient (IQ) score in the 70–75 level (American Association on Intellectual and Developmental Disabilities, 2022)

Children with intellectual disabilities have a greater chance of experiencing traumatic events compared to children without disabilities. This alone increases the risk of PTSD in their daily lives (Hatton & Emerson, 2004).

1 in 6 boys experience
some form of sexual abuse

1 in 4 girls experience
some form of sexual abuse



SEX

<https://girls.pk/social-awareness/protect-child-sexual-abuse/>

SOCIAL SUPPORT



- Social support may be the biggest risk factor associated with PTSD development after CSA.
- Specifically, a lack of familial support or community support is associated with an increased risk of PTSD after CSA (Bernard-Bonin et al., 2008).
- Parental support helps the child express their fears and anxious feelings by offering protection against intrusive thoughts and re-experiencing the trauma.

DISCLOSURE

This protective factor refers to how soon after the child was victimized the child disclosed this information to someone they trust and someone that can help them. Research suggests that the sooner a child discloses their trauma, the less likely they are to experience PTSD (McTavish et al., 2019).



The likelihood of disclosing has been associated with the child's appraisal of how others may respond to disclosure, as well as their perceptions of responsibility for the abuse (Goodman-Brown et al., 2003). Response to the disclosure of abuse is indicative of whether that child is going to receive positive or negative social support.

PRIOR VICTIMIZATION

Revictimization is the occurrence of sexual violence during adult life in individuals with a history of childhood sexual abuse (CSA). Revictimization is not a rare occurrence.



Revictimization exacerbates the symptoms associated with PTSD.

COPING STRATEGIES



CONCLUSION

- More research is needed to validate and substantiate findings regarding moderators in the relationship between CSA and PTSD among children.
- Future research must examine children from a broader age range and must be more inclusive of the different sexes.
- More data and empirical research are needed to better understand the risk or protective factors of PTSD among children who experience CSA.

LIMITATIONS TO THE RESEARCH

- Several limitations exist within this literature, including the potential for selection bias in research involving only substantiated cases of abuse; the examination of a very narrow age bracket of children between the ages of 7-15; and research that includes only females.
- Thus, this body of research may only be generalizable to certain groups of individuals and not whole populations. More research is needed to validate and substantiate findings regarding moderators in the relationship between PTSD and CSA among children.

THANK YOU

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