CHILD ABUSE AND THE POWER OF RESILIENCY

by

MARK G. CHERRY DILLON

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Carol Lynn Morse

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This paper examines the primary factors in the field of child abuse: the number of children abused, a profile of victims and abusers, the results of abuse, the effectiveness and characterisitcs of treatment programs for perpetrators and victims, and characteristics and actions which facilitate or inhibit a rapid recovery from the trauma of abuse. It was found that, although child abuse is a heavily researched topic, there is little agreement within the field on any of the above issues. Analysis of resiliency in abused children is the primary goal of the project. It appears that having a healthy relationship

with a significant, loving adult and the hope and belief that things will imporve in the future are two basic and possibly the most importnat influences on the abuility of a person to recover from abuse in a rapid, positive manner. Other significan factors are the relationship of the perpetratore to the victim and the type of abuse.

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INTRODUCTION

The idea for this project was sparked during the six months that I worked at the Looking Glass Shelter. Looking Glass is a co-ed residential center for youths ages 11 to 18. The maximum stay of any resident is supposed to be 90 days, but this is extended when the circumstances warrant. It is primarily a holding place for individuals who are either involved with the justice system or who are on private, time-limited placement. Placements are usually made for perpetrators of abuse, victims of abuse, runaways, private placements for acting out in the home, people currently involved with the justice system, or teens who need a place to spend the night.

As a practicum worker I had full access to all of the resident files. The client information sheet had basic data on the resident and immediate family. The vast majority of the residents had two common characteristics: their parents made less than $10,000 per year, and they self-reported being victims of sexual abuse.

The commonality of experiences among these children, most of whom were bright and enjoyable, was disturbing, and I began to wonder how child abuse affects children as they progress through developmental stages to adulthood.

This project was begun out of interest in that issue. As I explored the vast amount of literature on the subject, I discovered that my thesis may help to fill a large gap: resiliency in child abuse is a relatively new topic of re-

search, as with much of the material on child abuse, there are many opinions, but few facts available. Much research needs to be done to determine what helps a person recover from abuse so that the victim is not affected in a negative manner for the rest of his or her life.

Section I - PROBLEMS RELATED TO CHILD ABUSE

Extent of the Problem

The effects of child physical, emotional, and sexual abuse and neglect vary in severity both soon and long after the incident(s). Treatment programs for victims of abuse have been somewhat successful in recent years, but programs for abusers are still ineffective in being able to change life patterns. In other words, the rate of recidivism for abusers is high.

Child emotional, physical, and sexual abuse and neglect are highly researched areas of psychology, but the results of these studies have a great degree of variation. Abuse and neglect are difficult to study because there are many variables involved: the victim, the abuser, the values, support networks, and life experience are only a few. Thus, research has failed to indicate any factors that can be applied to all people about abuse and its resolutions.

Myths of Abuse

The inability of researchers and practitioners to pinpoint basic themes of abuse has prompted disagreement within the field and contributed to misconceptions about abuse. One of the most common such falsehoods is that abuse is a problem that primarily effects the lower and uneducated classes of society. Child abuse is believed to be most prevalent in homes of lower socio-

economic levels. This view may be due more to the ability of the middle and upper classes to hide abuse from the scrutiny of the law and agencies rather than to a lower level of abuse.

McCord (1983), in a forty year longitudinal study of victims of abuse, found that "low socioeconomic status did not appear to increase the probability for abuse or neglect" and that the sample from highly dysfunctional homes did not differ significantly from the control group of children from non-dysfunctional families in the number of abusers.

Results of Abuse -- Overview

The effects of abuse are diverse and impossible to predict with any accuracy in any particular individual. Children have varying reactions to abuse, and they may experience few to many symptoms. Some of the more common are:

> depression; anxiety; interpersonal and relationship difficulties, particularly in the area of intimacy and social isolation; identity problems; self-destructive behavior, including substance abuse and suicide attempts; sexual fears, dysfunctions and promiscuity; low self-esteem; fears; a profound sense of being stigmatized; a pervasive feeling of helplessness; and extreme guilt and shame (Roth & Lebowitz, 1988, p. 82).

Any of these symptoms can occur alone or in conjunction with other problems which the child may experience immediately after the abuse as well as years after.

Duration of Emotional Results

Child abuse can affect both the mental and physical development of the victim. The physical results are easily identifiable. The emotional are not. The emotional consequences affect the developmental faculties of the child. The effects of child abuse vary unpredictably both in the types of effects and the duration. Johnson and Shrier (1985) in a study of adolescent medical clinics found that a large number of clients with sexual dysfunction "had a subjective sense of psychological distress related to the sexual molestation experience. [This] suggest[s] that sexual abuse may be a risk factor for long-term psychologic and social consequences" (p. 375). Nadelson (cited in Johnson & Shrier, 1985) discovered similar findings in female rape victims "in which one-third reported continuing symptoms several years after the occurrence" (p. 373).

Friedreich, Urquiza, and Beilke (1986) found that "a much larger than expected number of children were displaying significant behavior problems . . . [This] suggests that for many children, the abuse appears to have an impact reflected in behavior problems" (p. 54). It is understandable that childhood abuse has a long-term effect on the victims due to the trauma occurring during their youth.

Criminality As a Result of Abuse

The rates of violent crimes for people who were subjected to abuse as

children is debatable. Some studies support the view that abuse leads to a greater chance of being violent as an adult. Abused and neglected males differed significantly from control males in frequency of adult arrests for any (non-traffic) offense and for violent crimes (Widom, 1987). Overall, abused and neglected subjects had higher rates of adult criminality and arrests for violent offenses, but not for adult arrests involving child abuse or neglect than did control group subjects (Widom, 1989).

Many of the studies which are based on reported statistics, especially police and social service agency records, have inherent flaws. Reporting procedures, for example, are highly inaccurate because abuse is the "hidden secret" for so many families.

Addiction As a Result of Abuse

Victims of child abuse tend to abuse and become addicted to substances at a higher rate than those people not abused. Singer, Petchers, and Hussey (1989) reported that abused children tended to use drugs more often than children who were not abused. They also found significant differences between abused and non-abused subjects in the frequency of drinking, number of times drunk, and drug usage. A number of studies have found that mood-altering chemicals are commonly used for the short-term enhancement of self-esteem and to reduce feelings of isolation and loneliness. Those struggling with addiction often have difficulties in main-

taining close, trusting interpersonal relationships (Kandel, 1989; Norem-Hebeeisen & Hedin, 1983; Petchers & Singer, 1987; and Porter, Blick, & Sgroi, 1982, cited in Singer, Petchers, & Hussey, 1989).

Drug use may begin as a coping mechanism. It can change the perceived reality and help things to seem to make sense in a world where things often do not. Drugs may enable the victim of abuse to use dissociation, denial, repression, fantasy, and play in order to escape from the distress of reality.

Although there is evidence of increased use of drugs and alcohol in victims of abuse, like much of the work on child abuse, the ramifications of this use are still being debated. This does not necessarily mean that there is no link between child abuse and alcohol and drug related incidents. It is possible that there is a serious reporting bias in such studies; Widom's study is based on reporting through judicial authorities, and these records are not conclusive.

Perspectives on Abuse

A basic premise that is consistent throughout the literature on abuse is that it is learned behavior. Kufeldt and Nimmo (1987) believe that the cycle of abuse begins in the family, where poverty and stress can sometimes prompt unintended abuse and neglect. Children also can be subject to intentional acts of abuse and neglect. The chance of abuse is escalated when heav-

ily dysfunctional families are combined with poverty, family problems, and stress.

Life-Span Developmental Perspective

The life-span developmental viewpoint has two primary perspectives. The first is time. Abuse can occur at any point in an individual's life, and its consequence can be felt throughout. The second dimension is development. People are active participants in their development "with change unfolding during the interaction of psychological, social, biological, physical, and historical events" (p. 505). A number of studies validate this belief, including Widom (1989) and Roth and Lebowitz (1988). According to the life-span developmental approach, the effects of abuse can occur at any time and can be far reaching.

Resiliency Factors in Abuse

Resiliency is the term for the characteristic(s) that allow some child abuse victims not to suffer permanently from the detrimental effects of child abuse. There are many victims of abuse who grow up to be constructive members of society. The abusive incidents of their pasts are not evident in the majority of their actions.

Exactly what causes one victim of abuse to be "resilient," while another person suffers many negative results? It is impossible to know for certain.

Resiliency is a relatively new branch of research, but there are some indications that resiliency is a result of a combination of factors: coping mechanisms, social support, and education.

The most common manner in which victims deal with abuse is to adopt behavior that allows them to continue to function at as high a level as possible. A reinterpretation occurs for victims, but only a limited number of them succeed in understanding their experiences in a way that allows them to function in a healthy manner. According to Singer, Petchers, and Hussey (1989), "the overwhelming and confusing experience of sexual abuse needs to be altered and reinterpreted in the child's own symbolic way" (pp. 322-323).

In a study of sexually abused children, Conte (1987) found that the victim's social and environmental surroundings were crucial in lessening or exacerbating the impact of the abuse. The amount of support available to the child, including a supportive relationship with an adult, and "living with a family that exhibited symptoms of pathological relationships" were all implicated in the child's ability to cope (Newberger and DeVos, 1988, p. 508).

Approach Strategies and Resiliency

The approach strategies of victims are an important tool for the understanding of and recovery from abusive situations. "They maximize the possibility of gathering the information necessary to take action, and they provide an opportunity for affective release" (Roth & Lebowitz, 1988, p. 80). Without

approach strategies, victims cannot integrate the traumatic event(s) into their perceptions of the themselves and the world.

There are various types of approach strategies. Some may not be beneficial to the victim in the long run but help victims to cope in the present time. Avoidance protects the individual from becoming emotionally overwhelmed and allows her[1] to continue functioning. Avoidance can allow victims to have a sense of control over themselves, something that has been severely depleted due to the victim's felt helplessness. On the negative side, avoidance

> may foster the screening out of information that could lead to productive action. Moreover, in using the strategy of avoidance, one may be forced to avoid aspects of the self or life which may in turn lead to emotional numbness of lifestyle constriction (Roth & Lebowitz, 1988, p. 80).

The emotional effects of abuse can be long lasting. According to Roth and Lebowitz (1988), if it cannot be integrated into the individual's life, it is stored in "active memory." This means that the experience stays current within some part of the victim's life in order to seek resolution. The removal of the incident from memory is not dependent on time, but integration into the way that the victim sees herself and the world.

Roth and Lebowitz (1988) also found that there is a general lessening in the number and intensity of general symptoms about three months after

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[1]"Her" will be used as the neutral personal pronoun throughout this paper as the majority of victims are females.

the incident. This might be a measurement of the progress of the victim toward recovery. Other victims, especially those involved in sexual abuse, may develop less adaptive defenses, such as regression (Sgroi, 1982) or displacement (Solin, 1986, cited in Roth and Lebowitz, 1988).

Cognitive and Mental Defenses and Resiliency

When faced with traumatic situations, people use varied cognitive and emotional defenses in order to cope with the situation and not be overwhelmed. These defenses include "denial, identification with the aggressor . . . avoidance, regression, repression, and obsessive/compulsive behaviors, projection, reaction formation, and sublimation" (McElroy & McElroy, 1989, pp. 247-48). Widarski (cited in Stream, 1988) found that severely abused children often repress the memories of abuse as a defense mechanism.

Friedreich, Urquiza, and Beilke (1986) believe that behavior problems can be divided into two categories: internalizing and externalizing. Internalizing relates to "depression, anxiety, somatic concerns, and so forth. Externalizing consists of items related to aggression, cruelty, delinquency, hyperactivity, and so forth" (p. 51). They found internalizing behavior to be significantly related to "externalizing, duration, frequency, severity, and sexual behavior" (p. 53). Externalizing behavior was related to "internalizing, duration, frequency, number of perpetrators, and sexual behavior, and inversely with time elapsed and relationship to perpetrator." Sexual behavior was found to

be significantly correlated with "internalizing, externalizing, duration, frequency, and number of perpetrators, and inversely with time elapsed and relationship to perpetrator" (p. 53). The tendency to take on externalizing and internalizing behavior are closely correlated to each other. This means that more passive behavior such as depression is related to the duration, frequency, severity, and type of sexual abuse. The more action oriented behaviors are related to the duration of the abuse, the frequency of occurrence, and the number of perpetrators, and negatively related to the time since the last abusive episode and the relationship of the victim to the perpetrator. These two factors, internalizing and externalizing, are only broad categorizations of behavior tendencies.

Friedreich, Urquiza, and Beilke (1986) found that the degree to which internalized defenses are used and how they are eventually integrated into the victim's life is a determinant of future positive or negative behavior. For them resiliency is related to the "frequency of abuse, the sex of the child, the relationship of the perpetrator to the child, and the severity of abuse" (p. 55).

Friedreich, Urquiza, and Beilke (1986) identified six primary characteristics of abuse that may be related to subsequent behavior. These include:

> the extent of sexual contact, the age and developmental maturity of the child, the degree of relatedness between victim and perpetrator, the affective nature of the sexual relationship, the age difference between the victim and the perpetrator, and the length of the sexual relationship (p. 48).

This study may be biased because the sample was taken from psychological

referrals to one of the authors and from mothers who were in therapy groups. Also, no control group was used to see if the same variables effected children who were not abused in similar manners.

Treatment Programs and Prevention

Goals of Treatment

One of the primary goals of treatment programs for perpetrators is to "normalize sexual preferences and enhance social functioning" (Marshall & Barbaree, 1988, p. 499). Their assumptions about abusive behavior are that (1) deviant sexual actions occur by an attraction to either inappropriate partners or behaviors and a lack of interest in appropriate partners or actions and (2) that the abuser has some level of social deficiency that causes this lack of interest or ability to interest appropriate partners which increases the person's stress level and can lead to abusive behavior. In other words, treatment is partly focussed on changing the beliefs and behaviors of offenders. Kelly (cited in Marshall & Barbaree, 1988), in a review of literature, concluded that the majority of treatment programs focus on changing deviant sexual preferences and behavior and also work to change the social functioning of abusers.

Adult victims of abuse often have common patterns of abusive experiences that have been kept hidden for most of their lives. One of the goals of

treatment for this group is to explore their pasts with other victims in similar situations, often through the use of personal self-disclosure in a group treatment program (Drews & Bradley, 1989, p. 57).

Treatment programs for children who are victims of abuse have a number of different foci. The primary ones are restoration of the victim's self-esteem and removal of guilt feelings. The reestablishment of the family and the relationship between the perpetrator and the victim, when it is familial abuse, is also seen as being of primary importance for successful treatment (Clarke & Hornick, 1988, p. 236).

The treatment goals for adult and child victims of abuse can be understood when placed on a continuum. Time has separated the adult victim of abuse from the child victim. Adult victims have incorporated the abuse into their lives in some manner, and treatment helps them to look at the incidents from another perspective and to help them to change their behavior. Treatment for children attempts to help them to incorporate the incidents into their lives in a healthy manner early in their life, so that they will not be negatively affected by the abuse for the rest of their lives.

Problems with Treatment Programs

The goals of treatment seem logical and there are many different programs: federal, state, and private, including both short-term and long-term treatment. Even with all of the programs available to help victims and of-

fenders, child abuse remains a major problem.

There is a lack of agreement among practitioners, researchers, and scholars, in the field of child abuse upon what type of treatment is best. The evidence presented is often "contradictory and confusing" (Donovan & McIntyre, 1985; Furniss, Bingley-Miller, & Bentovin, cited in McElroy in McElroy, 1989). These difficulties in assessing treatment programs have led to problems within the profession. Among these are avoidance (Goodwin, cited in McElroy in McElroy, 1989, p. 244), feelings of frustration and helplessness (Lamb, cited in McElroy in McElroy, p. 245, 1989), confusion (Furniss, Bingley-Miller, & Bentovin, cited in McElroy in McElroy, 1989, p. 245), and a sense of exploring "uncharted territory" (Sgroi, cited in McElroy in McElroy, 1989, p. 245).

Not only is there a disagreement about which type of treatment program is most effective; there is also disagreement about how the various approaches work, how the individual pieces of a program effect the victims and family, and how these factors influence the success of the treatment (Kovitz, *et al*, cited in Clarke & Hornick, 1988).

Kelly (cited in Marshall & Barbaree, 1988) reviewed 33 different treatment programs and found discouraging results. Of the 33 studies reviewed, only four of them used control groups, and two of these had no follow-up information. One of the studies based follow-up estimates of success and failure on self-reports. Only one used legal records as a form of follow-up

data, and this for only 30 months.

This review of treatment programs unearthed some disturbing practices. These programs may be weak in terms of incorporating ways to assess their effectiveness. A way to test the effectiveness of a program would be to monitor the people who completed the program for recidivism. Without this information program developers are unable to determine the validity of their methods and, thus, the long-term effectiveness of their program. A wide variation in the rate of recidivism is common to many treatment programs. This only adds to the frustration and inability to draw conclusions about effectiveness that already exist.

It is difficult to obtain recidivism information on treatment programs. However, two researchers who were successful, Marshall and Barbaree (1988), recorded recidivism data from official and unofficial sources. The official sources were computer records from the Royal Canadian Mounted Police. This information included a record of every man who has either committed, or been charged with, any offense anywhere in North America. Information generated from social service agencies and local law enforcement officials who knew the abusers constituted the unofficial records. The official records indicated a lower and less complete listing of recidivism than the unofficial records.

Quinsey (cited in Marshall & Barbaree, 1988) noted two general problems associated with basing outcome evaluations on official records. The two

problems are: official records are "noisy" in that they reflect police efficiency, the offender's luck, and other uncontrolled factors, and researchers have to wait a long time after treatment to meaningfully employ recidivism data. This disagreement over the validity of official records between Quinsey and Marshall and Barbaree is typical of the results that are found when comparing programs, or, for that matter, almost anything relating to child abuse.

Studies are in agreement that those who are treated, gain advantages over those without treatment. Perpetrators most likely to benefit from treatment are men who sexually abused other people's daughters. The reason for this may be that the link between the victim and the abuser is weaker than if it had been father-daughter incest, and thus, it is easier to treat. The hardest population to treat is boy abusers who engage in genital-genital contact. This group is more likely to offend after treatment than any other population (Marshall & Barbaree, 1988).

Description of Treatment Programs

There are a variety of approaches used in the treatment of sexual abuse. Some treatment programs focus on the individual victim and contend that the process of recovery depends mainly on restoration of the victim's self-esteem and removal of the feelings of guilt and shame (Berliner & Ernst, 1984). In contrast, Giaretto (1982) believes that the process of recovery for the victim is embedded in the re-establishment of effective family relation-

ships, including the relationship between the victim and the perpetrator.

Rates for recidivism and the number of re-offenses for each group are presented in Table 1. Simply comparing treated and untreated groups revealed significantly lower recidivism rates and fewer offenses for those who went through treatment.

TABLE 1. **Number of Re-offenders and Mean Re-offense Frequency Over Three Follow-up Periods**

Follow-up period	Re-offenders	Re-offenses
1-2 years		
Treated (*N* = 18)	1(5.5)*	0.06
Untreated (*N* = 16)	2(12.5)	0.19
2-4 years		
Treated (*N* = 26)	2(7.1)	0.15
Untreated (*N* = 22)	6(12.5)	0.46
Over 4 years		
Treated (*N* = 24)	6(25)	0.33
Untreated (*N* = 20)	12(60)	0.95

* Figures in parentheses indicate percentages of re-offenders amongst subjects at high risk in each category.

The treated patients fared better over the long-term follow-up evaluation than did the untreated patients. They were less likely to offend after treatment. If they did, they committed almost the same number of offenses as those who did not receive treatment.

Binder and McNiel (1987) did a study on the effectiveness of a school based prevention program with children five to twelve years old. The program consisted of separate workshops for children, parents, and teachers.

The primary danger in a program of this sort is increasing the level of emotional distress that the children experience after the program is complete. It was found that neither teachers nor parents noticed signs of increased emotional distress in the children in the weeks after the program, as seen in Table 2. The children reported that the program made them feel safer and more able to protect themselves.

TABLE 2. Knowledge Score Before and After Prevention for Older Children (N = 36) and Younger Children (N = 47)

	Summary Knowledge Score					
	Pre-Test(P1)		Post-Test(P2)		Difference between P1 and P2	
Subject Group	*M*	*SD*	*M*	*SD*	*M*	*SD*
Older Children	4.58	0.33	4.75	0.32	0.17*	0.27
Younger Children	4.63	0.39	4.75	0.24	0.12*	0.27

Scored from 1-5, with 5 being most knowledgeable.
* (t = 7.01, df = 35, p<.0001).
** (t = 3.21, df = 46, p<.0003).

One of the drawbacks of this type of measurement is that the children were asked only what they would do in a situation that is potentially abusive. The reactions when children who were in high risk situations for abuse were not measured. This does not mean that there is no benefit to this type of program. Knowledge of coping strategies may precede the ability to imple-

ment the strategies effectively. Another benefit may be that if a child is abused, this kind of program will help the victim to obtain assistance and to mold the type of defense mechanisms that are used by discussing beforehand the importance of seeking social support and telling someone of the incident.

Section II - PROFILE

There is no single profile of a person who physically or sexually abuses a child. The variations in abuser characteristics are as many as the results of the abuse. It is not possible to identify abusers before an abusive situation occurs; only after the abuse has happened and the person has been caught can it be seen in hindsight that the abuser's characteristics would lead to abuse.

Occurrences of Abuse

The number of children who are subject to abuse is highly disputed. Gilgun (1988), in her review of literature, found that by the age of 18 between 19% and 38% of girls and between 9% and 25% of boys are sexually abused. This does not include the vastly larger number of children who are the victims of emotional and physical abuse.

Finkelhor (1979), in a survey of college students, found that men as well as women had been sexually abused as children. However, the proportion of incidents in which females were abused was twice as great as that for men, 19% of the females and 9% of males. Forty-four percent of the women reported that the abuser was a family member, while 17% of the men reported the same. Landis (cited in Johnson & Shrier, 1985) found the number of males and females who were abused to be much closer in number; 30% of the males and 35% of the females in the survey reported that they had been vic-

tims of childhood sexual abuse.

In a study of Texas truck drivers, Kercher and McShane (cited in Vander Mey, 1988) found that 7.4% of the 1,056 respondents reported being victimized as children. The overall findings were that 11% of the females and 3% of the males had been abused. Finkelhor (1984), in a summary of the literature on the incidence of child abuse, concluded that anywhere from 9 to 54% of all adult American females and 3 to 9% of all adult American males have been victims of child sexual abuse.

Sexual Abuse of Males

There is an increase in the awareness of the number of males who are abused as children. Girls were once perceived as the primary victims of sexual abuse, but a large number of boys are being found to be abused. Two studies done in hospital emergency rooms found that approximately 10% of the sexual abuse cases had male victims (Johnson & Shrier, 1985). Nielson (cited in Vander Mey, 1988), in a review of literature, estimated that "46,000 to 92,000 boys are sexually victimized by adults each year" (p. 62).

Vander Mey (1988) found that male children are more likely than female children to be abused by non-family members. This is directly opposed to the findings previously mentioned by Finkelhor (1979). Vander Mey (1988) found that "residing in a neglectful home or a mother-headed household and having previous homosexual contact tend to heighten risk for sexual abuse by

nonfamily members" (p. 61). The variables that increase familial abuse are living in a "home where other siblings are being abused, having a father who was a victim of sexual abuse as a child, and having parents who suffer from a myriad of personal and social adjustment difficulties" (p. 61). Vander Mey (1988) also found that male incest victims are more likely to be victimized by men than women and that

> mother and father perpetrators tend to have emotional, social, and psychological problems compounded by poor impulse control, low self-esteem and alcohol abuse, and that males who victimize younger brothers typically have been previously victimized by their fathers. Further, father perpetrators tend to be physically abusive of family members and were themselves victims of physical or sexual child abuse (p. 67).

In a review of records of sexual offenders involved with various justice systems around the country, a high number of the assailants described themselves as being childhood victims of abuse: Groth (1982) interviewed 348 male sex offenders and found that 33% self-reported sexual abuse as children. Serrill (cited in Johnson & Shrier, 1985), in a study of 150 imprisoned male sex offenders, found that 75% reported sexual abuse as children. Studies of male child sexual-assault victims reported to the police in Michigan, Kansas, California, and Minnesota report that 11% to 50% of victimization occurs to male children. The higher figures were from programs that encouraged reporting.

Types of Abuse

In The Netherlands, a longitudinal study indicated that the type of abuse changed over the length of the study, that there was a "remarkable" increase in the amount of emotional abuse and neglect that was reported, and that the level of sexual abuse increased dramatically. "Sexual abuse was diagnosed only seven times (0.9%) in 1974; whereas in 1983, there were 189 cases (7.2%)" (p. 266) as shown in Table 3.

These results show an increase in the number of cases of abuse that were reported, not necessarily an increase in the actual number of abusive incidents. A confounding variable for this study was that The Netherlands did not have mandatory reporting of abuse at the time the article was published. Thus, it is not conclusive and the results cannot be generalized to the United States, but it may indicate an increase in the willingness of the public to deal with this issue.

TABLE 3. **Victims by Type of Abuse***

Type of Abuse	1974 *N*	1983 *N*
Physical abuse	636	1026
Medical-physical neglect	159	737
Emotional abuse/neglect	116	2099
Sexual abuse	7	189
Not specified	73	107

* Multiple types of abuse exist for some victims.

The most common sexual encounter for children was "exposure to exhibitionists for the females and homosexual advances for the male" (Johnson & Shrier, 1985, p. 373). Also, Finkelhor (cited in Vander Mey, 1988) found that "83% of all offenses against male children are perpetrated by non-family members, compared with 56% for female victims" (p. 62).

Problems with Studying Abuse

The results of many studies of abuse are not reliable because they do not accurately reflect the occurrences and characteristics of child sexual abuse in the general population. In many cases the studies are done on college students or data is gained from criminal statistics or therapists and treatment center records. There is a large segment of the population that has been abused that does not fit into any of these categories. This creates a strong testing bias in many cases.

Johnson and Shrier (1985) recognize the greatest problem with information gathering on this subject. It is impossible to gather a sample that is representative of the entire population. The number of variables is great and can quickly become confounding.

> They [the subjects] were processed before the child abuse laws were passed . . . . Ours are also the cases in which agencies have intervened, and in which there is little doubt of abuse or neglect. Thus, these findings are confounded with the processing factor (p. 375).

In their studies of abuse and testing error, Johnson and Shrier commented

that the student surveys came largely from white, middle-class, intact families. Child sexual abuse appears to be more commonly reported in single parent, low socioeconomic, inner city families. Because of the very testing bias that they are reporting, this is an assumption that makes intuitive sense, but it has not been proven that abuse is more common in the lower classes of society, only that it is reported more often.

Johnson and Shrier (1985) concluded that, as it appears that a majority of male sexual abuse is not reported and that most sex offenders are not convicted, studies based on populations that come to the attention of the criminal justice system may not accurately reflect the characteristics of male victims in the community at large.

Characteristics of Victims

It is impossible to define a group of infants or children that can be accurately identified as eventual victims of abuse. Abuse occurs at all social, economic, educational, and political levels. If it is seen more often in families in the lower echelons of the above categories, it is because they are more susceptible to detection as they use publicly provided social services more often and there is an assumption that people that reach levels of prominence are incapable of something as terrible as abuse. This is not true. What is more likely is that families with money and influence are better able to hide abuse.

There have been some discoveries of characteristics that tend to be

shared by abused children, but almost every study reports a different profile. A Los Angeles Police Department study (Vander Mey, 1988), states that the typical male victim is

> between the ages of eight and seventeen, has had previous homosexual contact(s), has been an underachiever in school or at home, has parents who are either physically or psychologically absent, has no strong moral or religious affiliation and evidences poor sociological development (p. 66).

This strong link between low developmental and achievement levels is possibly a testing error. The police report shows the victims of reported abuse, not all of the victims. This makes it impossible to accurately generalize the results to the entire population.

As shown in Table 4, both rejected and neglected boys came from the lowest socio-economic status (SES) compared to boys in the loved category. Boys in the rejected category tended to come from broken homes and have alcoholic or criminal fathers at a higher rate than boys with loving families.

TABLE 4. Social Context and Child Relations

(Percent of type for which description applies)

	Neglected (n=48)	Abused (n=49)	Rejected (n=34)	Loved (n=101)
Lowest SES	54	39	62	48
Broken Homes	40	33	59	47
Father alcoholic or criminal	46	37	59	47

Homosexuality appears to have a link to victims of abuse. Johnson and Shrier (1985) found this connection in a study of the victimization of boys. Johnson and Shrier (1985) found that a group of sexually abused males identified themselves as currently homosexual at a significantly higher rate when compared to the control group of nonabused males, that was almost "seven times as often [homosexual] and bisexual nearly six times as often as the control group" (p. 374) as shown in Table 5.

TABLE 5. **Stated Sexual Orientation of the Study and Control Groups**

	Study group	Control group
Heterosexual	17 (42.5%)	36 (90%)
Homosexual	19 (47.5%)	3 (7.5%)
Bisexual	4 (10%)	1 (2.5%)

Nasjleti (cited in Vander Mey, 1988) noted that perhaps some of the misunderstanding of male sexual abuse is due to the silence surrounding the sexual victimization of males in society. She contends that "masculinity involves a denial of helplessness, with passivity on the part of a male (regardless of age) being equated with homosexuality" (p. 61). As male sexual abuse victims often do not share the fact of their victimization with others, such abuse can lead to self blaming and the doubting of their masculinity.

According to Nasjleti (cited in Vander Mey, 1988), male victims feel shame, fear of mental illness because of their feelings, and fear of disbelief by

parents and other adults. The effects of this belief system on male victims of sexual abuse juxtaposed with Nasjleti's concept of masculinity can lead to "mental disorders, the probability of becoming rapists and incest offenders as adults, and the development of homosexual identification" (p. 61).

Characteristics of Offenders

The profile of the abuser is a heavily researched topic. Researchers are in agreement that abusers may have some common characteristics. Friedreich, Urquiza, and Shrier (1986) found that the "primary perpetrator was the father (51%), followed by other male relatives (26%), stepfather (10%) and smaller percentages of neighbor, family friend, and other" (p. 50). The Friedreich, Urquiza, and Shrier (1986) study delved deeper into the relation of the abuser to the victim. It followed the occupation and level of job skill, as well; this showed a possible bias.

> However, it does seem to be a primarily middle-class or above sample, in that 93% of the fathers or father figures and 63% of the mothers were in skilled trades or better. Almost one-third of the mothers were full-time housewives. Regarding ethnic distribution, 85% were white and the remainder distributed evenly among black, Asian, and Native American (p. 50).

The results of this study cannot be generalized any farther beyond the sample since it is not representative of the entire population. It is possible that lower or upper class abusers could have a different relation to the victim than what is reported here. Johnson and Shrier (1985) found that the assailant tended to be someone who was known to the victim, including parents, rela-

tives and family friends.

Self-Centeredness as an Explanation for Abuser Motives

Gilgun (1988) juxtaposes the perspective and characteristics of an abuser with narcissism and self-centeredness, as a way to explain the motivation and feelings of abusers. Through a review of psychoanalytic literature on self-centeredness and of sexual abuse, she found that "self-centeredness has been identified as a quality of the adult male perpetrator of child sexual abuse" (p. 216). The focus of her research was primarily father-daughter incest.[2] This self-centeredness is characterized by:

> • A preoccupation with negative feelings and evaluations about the self;
>
> • A preoccupation with proving self-worth, which may include a pattern of seeking admiration from others and sometimes exhibitionism;
>
> • Reactions to slights and imagined slights which can be so deeply felt as to cause extreme emotional disequilibrium characterized by severely painful feelings of shame, humiliation, and rage;
>
> • A drive to re-establish the equilibrium that can be so urgent as not only to block out consideration of the feelings and choices of others but also to bring about the use of manipulation and force, sometimes physical and sometimes psychological, to induce compliance to one's wishes; and

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[2]Gilgun (1988) defines self-centeredness as a "focus on the self so intense that it precludes consideration of the feelings and choices of others and which at times causes direct emotional and/or physical harm to others" (p. 224).

• The sexual use of smaller, weaker persons to re-establish emotional equilibrium (p. 224).

Groth (1982) described the purpose of the sexual abuse for the perpetrator "as a precarious and unsuccessful attempt to compensate for or replace a feeling of loss or deprivation" (p. 220) and as a means for gaining "competency, adequacy, worth, recognition, validation, status, affiliation, and identity" (p. 225). Groth quoted one perpetrator who said about his child victim: "I like the goofy attention I got from her. It was fun having her around and she made me feel good, like I was somebody again" (pp. 220-21).

In an article on male child abusers, Apfelberg, Sugra, & Pfeffer (cited in Gilgun, 1988) report that a recurring characteristic of abusers "is a divided self, where submissiveness and aggression were found in the same individuals" (p. 217). Weiner (cited in Gilgun, 1988) also noted that perpetrators have a tendency to isolate affect from intellect.

Peters (cited in Gilgun, 1988), said perpetrators in his sample had a "markedly diminished sensitivity to the needs of others" and are likely to be "oblivious to the problems created by their seductive behavior toward their victims, victims who frequently are children to whom they are close and toward whom they consciously maintain feelings of fondness" (p. 218).

It has been found that incestuous fathers often feel a natural right as a father to have intercourse with his child. "One incestuous father in an early study said he was 'exercising his parental privilege'" (Weiner, 1962, cited in Gilgun, 1982, pp. 217-18). This parental privilege of sex could be

related to a self-centered desire to feel important, without realizing the cost to others. Langevin (cited in Gilgun, 1988), said that the desire to be watched or paid attention to might be related to the "teacher" and "benevolent father" roles.

Gilgun concludes that self-centeredness is a basic characteristic of incestuous fathers. This hypothesis of self-centeredness is appealing because it explains how fathers can abuse their children and still claim to care about them. This is not a completely valid conclusion because not all abusers report this need for control, but it is a good base for discussion.

Characteristics of Self-Centered Abusers

Rage and domination of the family also characterize abusers. According to Herman (cited in Gilgun, 1988) the strong reactions are coping mechanisms to allow the male to deal with feelings of insecurity in other aspects of his life.

Freeman-Longo (1986) reported that even when sex offenders were victims of abuse as children they blocked out the impressions from their own abuse and only remembered positive aspects and were unaware of the effects of their actions on their victims. The offenders had "an uncanny ability to block out any thoughts or feelings they might have concerning what the victims might be going through at the time of assault" (p. 413). Freeman-Longo also found that the motivation for much of the abuse was to feel powerful and

important and was a temporary relief from anger and frustration. By using abuse in this way, the abuse has turned into a coping mechanism. This reinforces the validity of the self-centeredness theory as it shows the one-sided attempt of the abusers to gain control over their lives.

Groth (1982) echoing the findings of Gilgun and Freeman-Longo, described the incestuous father as having

> deep-seated core feelings of helplessness, vulnerability, and dependency," as exhibiting "over sensitivity to what he interprets as criticism, put-downs, exploitations, and rejections from a hostile and uncaring world," "deficient empathic skills," feelings of emptiness, depression, and fearfulness, perceiving himself as "a helpless victim not in control of his life," and having "no consistent sense of intimate attachment, belonging or relatedness to others (p. 220).

Gilgun (1988) found that abusers tend to have a set of "negative core beliefs." These beliefs include, "I am basically a bad, unworthy person," "No one will ever love me as I am," and "My needs are never going to be met if I have to depend on others" (p. 220). Abusers thus tend to concentrate on meeting their own needs. When this becomes an obsessive goal or defense mechanism, it can often lead to abuse.

Section III - RESULTS OF ABUSE

The results of sexual abuse on children varies tremendously from child to child. The effects of abuse not only differ among children, but they can change as an individual develops and eventually becomes an adult. Effects can vary from minimal impact to psychosis, with most of the effects falling somewhere between the two.

Physical Results of Abuse

Some of the injuries that children suffer as a result of child abuse can be serious, even lethal, but the bruises, burns, and fractures are not the most serious injuries for an abused child. It is the long-term effects of abuse that have the most serious ramifications for the victims (Martin, 1982).

Psychological Results of Abuse

Williams and Fuller (cited in Stream, 1988) reported that 88% of sexually abused adults had repressed the memory of their abuse for as long as ten years. A victim's recall may be triggered by many different events related to abuse, such as reading about sexual abuse or having a child who is abused. As a result of repression, these individuals often "shun sex, avoid interpersonal relationships, and hate themselves" (Widarski, cited in Stream, 1988, p. 465). According to William and Fuller (cited in Stream, 1988), even if victims do not repress the memory, they often do not tell others about the abuse, and,

if they do, they do not receive adequate help to deal with the issues that arise.

The rejection of sexuality that Widarski (1987) found is a common result from extreme abuse. Fisher (cited in Stream, 1988) found that in addition to difficulties in forming interpersonal relationships, victims often become asexual as adults "and experience themselves as neuter beings. Many reject their own bodies and view pleasure in their bodies as taboo" (p. 465).

Attributional Style and the Results of Abuse

The attributional style of the victims is one of the primary problems relating to the effects of the abuse. Many people feel that they were somehow to blame "for starting the incidents, for not stopping them, or for feeling sexual excitement during the sexual encounters" (Fisher, 1987; Freeman & Stream, cited in Stream, 1988, p. 465).

Egeland, Stroufe, and Erickson (1983) found that children who were victims of abuse showed a much greater

> incidence of social and emotional problems and are typically described as hostile, aggressive, withdrawn, emotionally unresponsive, as well as having low self-esteem. A significant difference was found between the groups in education level, with nonvictims found to be more educated than victims (p. 472).

Gold (1986), in a study of the characteristics of abused children versus nonvictims, found important differences. These differences were in attributional style, family life, emotional support, and negative symptom strength

and duration as shown in Table 6.

Gold (1986) found a close relationship between the attributional style of female victims and their adult functioning. He discovered that women, who were "sexually victimized in childhood and who reported psychological distress and low self-esteem, were likely to display an attributional style marked by internal, stable, global attributions for bad events" (p. 474). Coping difficulties, especially distress and low self-esteem, could be due to the attributional style of the woman. A problem with the application of this theory is that he could not conclude whether the attributional styles of victims were developed before the victimization or came into being as a result of the abuse.

TABLE 6. Significant Univariate *F* Ratios

Variables	F(1,164)
Psychological help received	18.96****
Number of friends	16.06****
Closeness to mother	14.70***
Closeness to father	7.97**
Overall family violence	7.90**
Spanking by mother	7.27**
Spanking by father	6.56*
Characterological blame	11.82***
Global-bad events (ASQ)	10.23**
Internal, stable, global-bad events (ASQ)	6.80**
Internal-good events (ASQ)	5.79*
Other blame	4.19*
Behavioral blame	3.98*
Depression (BDI)	17.33****
Intensity of symptoms (HSCL)	11.63***
Psychological symptoms (HSCL)	11.44***
Negative sexual symptoms	11.16***
Sexual responsiveness	7..70**
Self-esteem (TSBI)	5.97*
Sexual satisfaction	5.11*

ASQ = Attributional Style Questionnaire; BDI = Beck Depression Inventory; HSCL = Hopkins Symptom Checklist; TSBI = Texas Behavior Inventory.
* $p<.05$. ** $p<.01$. *** $p<.001$. *** $p<.0001$.

Developmental and Emotional Results of Abuse

Williams and Fuller (1987) found that in cases of extreme abuse, self-hatred and self-mutilation can occur. Some victims deliberately burn or cut

themselves. Obesity, nightmares, and attempted suicides are common. Flashbacks, extremely distorted self-images, and multiple personalities are not unknown.

Conte and Schuerman (1987) found that when abused children were compared to a control group of non-abused children, there were significant differences in the levels of self-esteem, aggression, fearfulness, irrational thinking, lack of confidence, withdrawn behavior, acting out, and being anxious to please or trying too hard to please.

Conte and Schuerman found significant reasons for the disparity between the two groups, other than that of abuse. These were the "tendency of the child's parent to have a negative outlook, the number of stressful life events experienced by the child, the education of the parent, and the number of children in the family" (p. 207). These differences accounted for 22% of the differences between the two samples. Although these reasons are not directly results of abuse, they are common factors in abusive families.

Friedreich and Reams (1987) analyzed client treatment records of abuse. They discovered several prevalent themes in most cases of child sexual abuse. These include "heterogeneity of response to the abuse, emergence of sexualized behavior, parent-child interaction, and course and impact of therapy" (p. 161). Another finding about abused children is that the average intelligence of a victim of child abuse was significantly less than that of non-abused children. It is also common for children to develop sexual problems of

only short-term duration.

The idea of sexual problems that last for a finite period of time as a result of working through issues seems contrary to many prior studies on the effects of victimization. Most research found that problems related to sex are a primary, not secondary, effect of abuse. It may be true that, when sexual problems are a secondary reaction, the duration is not as long or that the reactions are not as severe. A third common theme in treatment is an increase in aggression as the victim deals with depression and somatic complaints.

Even when victims of abuse are able to get past blaming themselves for the incidents, the breakdown of trust can be emotionally devastating. "The victims had to confront their grief and rage when they acknowledged that the adult was not a loving parental figure, but instead was a disturbed, childish, exploitative individual" (Stream, 1988, p. 465). Stream concluded that the pain from this realization can often lead to repression and "eventual sexual and interpersonal inhibition, and self-loathing and masochism" (p. 465).

Egeland, Stroufe, and Erickson (1983) categorized and compared four groups of infants suffering from four different types of abuse to infants who were not abused. They were searching for differences in personalities and physical disparities among the five groups. The study was longitudinal with measurements taken after 18, 24, and 42 months. The categories examined

were physically abused, hostile/verbally abused, had psychologically unavailable parents, neglected, and not abused.

The results of the maltreatment were easily identifiable and already a powerful force in the children's lives, even as young as 24 and 48 months old. By the time maltreated children had reached 24 months, they had developed distinct characteristics. They had trouble coping with frustrating situations and their interactions with their mothers in the designed teaching situation was below that of non-maltreated infants. The abused children also performed poorly in preschool. In general, these children showed that "in a number of areas of social competence the maltreated children were functionally well below the age of peers from similar backgrounds but who did not have a history of abuse" (p. 468). Egeland, Stroufe, and Erickson found that the behavior of the children varied according to the type of abuse.

Juvenile Delinquency as a Result of Abuse

Juvenile delinquency is a behavior that is commonly associated with child abuse. McCord (1983) found that more boys who were abused, neglected, and rejected were recorded as being delinquent than those from a loving family. Approximately half of the abused and neglected boys were convicted of serious crimes, became alcoholics or mentally ill, or died when unusually young. One finding by McCord that helps to dispel some of the myths about abuse is that the rates of alcoholism, divorce, and occupational success had

no significant differences in children who were abused compared to those who were not abused.

McCord (1983) found that as juveniles, half of the abused children were convicted for serious crimes including theft and assault. Among the children from non-abusive homes, only 11% were convicted for the same crimes. Among the abused and neglected, approximately 20% were convicted of these crimes. Of those juveniles who were convicted, four of ten were again convicted as adults. The rate of conviction for the neglected, abused, and rejected was slightly higher than that for children from loving families. However, the loved were more likely than the rejected children, and almost as likely as the neglected or abused, to be convicted of a crime for the first time in adulthood. See Table 7. Widom (1989) found that individuals who had been abused or neglected as children were no more likely than non-abused children to be arrested for child abuse as adults. This difference in study results is typical of the research on child abuse.

TABLE 7. **Criminal Behavior and Child Relations (Percent of type for which description applies)**

	Neglected (n=48)	Abused (n=49)	Rejected (n=34)	Loved (n=101)
Juvenile only	15	10	29	7
Juvenile and adult	8	12	21	4
Adult only	13	16	3	12
Ever convicted	35	39	53	23

Groups differ for juvenile crime, df=3, p<.0001.

It appears that the results of abuse can vary according to the sex of the victim. Victimized women differ from one another in the level of depression, psychological distress, self-esteem, and sexual problems. There is evidence that the way that women are socialized to seek out support often triggers negative reactions to abuse such as low self-esteem and depression. This can increase the difficulty that these women have in obtaining adequate social support.

That study also connects the attributional style of the victim to the type and degree of effects. In this way, the perception of the abuse and the victim's social support were seen as being important factors, as social support was sought out according to the attributional style of the victim. Women who seek social support are more active and able to take control of their lives.

Section IV - RESILIENCY FACTORS IN CHILD ABUSE

The negative effects of abuse are as well catalogued as the large number of treatment programs that are available. The multitude of long-term and short-term results of abuse makes the study of resilience a critical link in the treatment of abuse. People react to abusive incidents in very different manners; some appear to function relatively well in the short-term and long-term. Other people become dysfunctional, both immediately and long after the abuse has ceased. Most victims have reactions that combine the two ends of the spectrum.

Resilience is one of the relative blank spots in the overall study of child abuse. At least some of this is due to the difficulty in studying this behavior. To effectively investigate resilience in child abuse would probably necessitate an extensive longitudinal study that preferably begins before or at the time of victimization and follows the subjects closely through adulthood. Generating an effective sample and control group and then performing the follow-up for the subjects would involve a colossal amount of work.

Characteristics and Factors in Resiliency

The various factors that contribute to resiliency are complex and interrelated with the factors that cause negative results in victims. A number of explanations have been posed as potential resiliency factors in abuse, but nothing is universally applicable to all victims. It appears that the ideas

which traditionally have accompanied good parenting techniques are critical in defending against long-term negative reactions.

Steele (1986) reported in a study on the long-term effects of familial incest that children who had a "significant other good nurturing figure" (p. 290) who provided loving care and support, even when the parents were inadequate, were either not effected by abuse at the same rate as children without this support or recovered from the abuse more rapidly. Gilgun (1988) concluded from the literature that a person can recover from an abusive childhood if she is able to establish at least one trusting relationship with an adult. Kaufman and Zigler (cited in Stream, 1988) found that the cycle of abuse is less likely to occur in adults who had the loving support of a parent or foster parent and who as adults have "a loving, supportive relationship with a spouse or lover and have relatively few stressful events in their lives" (p. 466).

In addition to at least one loving adult in an abused child's life, there are other characteristics that may foster resilience. These include:

> (1) rapid responsivity to danger; (2) precocious maturity; (3) dissociation of affect; (4) information seeking; (5) formation and utilization of relationships for survival; (6) positive projective anticipation; (7) decisive risk taking; (8) the conviction of being loved; (9) idealization of an aggressor's competence; (10) cognitive restructuring of painful experiences; (11) altruism; and (12) optimism and hope (Mrazek and Mrazek, 1987, p. 357).

Of all the above characteristics, optimism and hope are the most important. It may be as simple as the child needing to believe that her situation will

become significantly better instead of staying the same or getting worse.

The key to resilience is the ability to incorporate the abusive incidents into the personality of the victim. According to most of the literature, whether this incorporation happens is primarily a function of time. The manner in which the incorporation occurs determines the subsequent level of resiliency or dysfunction. Perhaps a simpler way to think of this is to consider in what way and how successfully an individual deals with stress and stressful life events.

The primary question about resilience is not its existence, but what characteristics in a victim lead to this attribute. This is Mrazek and Mrazek's (1987) concept of protective factors. Rutter (cited in Mrazek & Mrazek, 1987) described these factors as "influences that modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (pp. 358-59).

Protective factors can be personal characteristics, skills, or life experience. The personal characteristics or events

> do not have to be pleasant or desirable as ordinarily conceived for them to improve survival. For example, an unpleasant criminal trial may be a painful experience for a particular child, but the opportunity to be heard and believed by a jury may, in the long term, be protective and inhibit feelings of self-reproach and doubt (Mrazek & Mrazek, 1987, p. 359).

There are also generic protective factors in the environment. These include:

(1) being in a middle to upper social class; (2) having educated

> parents; (3) having no family background of psychopathology; (4) having a supportive family milieu; (5) having access to good health, educational, and social welfare services; (6) having additional caretakers besides the mother; and (7) having relatives (especially grandparents) and neighbors available for emotional support (Mrazek & Mrazek, 1987, p. 362).

These environmental protective factors are identical to many of the elements that Steele (1986), Gilgun (1988), and Stream (1988) have identified.

McCord (1983) agrees with Mrazek and Mrazek (1987) that resiliency occurs. He found that "some people are relatively invulnerable to adverse effects from parental abuse and neglect" (p. 269). In a study of 97 neglected or abused children, 44 became "alcoholics, criminals, mentally ill, or had died before reaching age 35, and 53 showed none of these signs of having been damaged" (p. 269). He highlighted maternal self-confidence and education as the two factors most apt to decrease the adverse effects of child abuse.

Defense Mechanisms and Resiliency

Zimrin (1986) compared a group of children, who survived abuse in their childhoods and became "well-adjusted individuals" to a matched group of children who had not adjusted well since their abuse. He found significant differences in the level of "self-esteem, fatalism, cognitive abilities, self-destructiveness, hope and fantasy, behavior patterns, and external support" (p. 343) as shown in Table 8. Three conclusions about the difference between the two groups are:

> (1) activity as opposed to passivity and regression; (2) positive

> evaluation of personal resources as opposed to negative evaluation; and (3) the existence of a significant relationship with an external figure as opposed to the absence of such a relationship (p. 347).

These are the expected results if resilience tends to be due primarily to social support and the manner in which the incidents are incorporated into the victims' lives.

TABLE 8. **Group Means and *t* Test for Characteristics of Survivors (S) and Non-survivors (NS)**

Characteristics	*t*	*p* values	*S* Mean	*NS* Mean
Fatalism	-9.2	0.01	2.8	6.3
Self-esteem	-5.2	0.01	2.36	4.44
Aggression	0.36	N.S.	4.42	4.66
Self-destructiveness	-1.9	0.05	3.00	4.11
Difficulties in Emotional Expression	0.37	N.S.	2.57	2.44
Object Relations	0.1	N.S.	2.1	2.1
Cognitive Abilities	-8.22	0.01	2.63	4.11
Hope and Fantasy	-3.5	0.01	2.4	4.1[3]

[3]The criteria for survivor and non-survivor are: (1) scholastic achievements, based on the school reports; (2) adjustment to school or work place norms as reported by the teacher or employer; (3) presence or absence of symptoms of severe emotional problems as diagnosed by a psychologist or psychiatrist on the basis of the material submitted to her/him; (4) a sense of self-fulfillment or constructive plans for the future, as reported by the respondents in the interview (Zimrin, 1986, p. 342).

Coping Strategies and Resiliency

Lazarus and Folman (cited in Burt & Katz, 1988) divides coping strategies into two categories: problem-focused and emotion-focused. Problem-focused coping helps a person to deal with a situation or solve a problem. It can be used to deal with the environment as well as the self. Victims of abuse often use problem-focused strategies to help them to recover from the incident and the immediate trauma. In the long run, this process would lead to recovery as a series of tasks to be completed. In other words, it is "performance based" recovery. Emotion-focused strategies are used to help a person to accept events or situations that cannot be changed.

People usually use both kinds of strategies when dealing with trauma. If a person is to survive, problem-focused strategies are used to deal with the immediate situation and to set up a model for future reactions, be they positive, negative, or a combination of the two. The emotion-focused strategies help the person to deal with the irrevocability of the actions and possibly to support the incorporation of the trauma into the personality and world view.

Janoff-Bulman (cited in Burt & Katz, 1988) contends that the impact of trauma results primarily from the disruption or destruction of views of the world. These are "(1) belief in personal invulnerability, (2) perception of the world as meaningful and having a just order, and (3) a view of oneself as positive" (p. 346). Until these views have been violated the person is usually unaware of them. It is the extent to which the victim is able to maintain

these views that determines her level of resiliency or dysfunction in the daily life as well as long-term development.

Burgess and Holmstrom (cited in Burt & Katz, 1988) believe that victims who were consciously able to use productive defense mechanisms to reduce the level of anxiety recovered fastest. The defenses most commonly cited were:

> explanation (aimed at understanding why the rape happened), minimization (viewing what happened to them as better than other possible scenarios), suppression (avoiding thinking about the rape), and dramatization (extensive expression of feelings about or discussion of the rape incident) (Burt & Katz, 1988, p. 346).

They also found that women who used problem-focused strategies and became "action-oriented" were likely to recover faster. This may be effective because by using action-oriented strategies the victim is taking some control over her life instead of remaining in a passive victim role. The "maladaptive" behaviors that they categorized are "decreased activity (staying at home, for instance), withdrawal from people, and substance abuse" (pp. 346-47). These behaviors strengthen the argument that people who take control of their lives recover more rapidly.

One of the problems with the study of resiliency in child abuse is that the research focuses almost exclusively on sexual abuse. An important question is whether the conclusions that are drawn about resiliency and sexual abuse are applicable to physical and emotional abuse and neglect. The effects of sexual abuse are often of a different nature from a developmental view-

point and are probably more severe than those of other types of abuse, but the basic factors are the same. In all abuse there is a breakdown of trust between the abuser and the victim, and the victim's world view and measure of the self is shattered. In this respect, it is probably true that what is effective in reckoning with sexual abuse would also help victims of other types of abuse recover faster, as well.

The study of resilience may be the single most important issue in the field of child abuse. The results of a single abusive incident can, and often does, have a strong negative effect on the child for the rest of her life. It would be distressing enough if single acts of abuse were the norm, but they are not. Most people who abuse children are responsible for more than one act.

CONCLUSION

The study of child abuse is like a young baby. There is a body that will continue to develop and grow, but the infant is missing many important abilities to be able to fully function. The literature on child abuse is a vast field that is missing many hard facts to back up assumptions. The results of studies on topics such as the effects of abuse and treatment programs are seemingly endless, yet the conclusions that are made from these studies vary a great deal. It appears that relatively little is really known about abuse and how to channel trauma in such a way that it is not a significant impediment to development and behavior in the future.

The studies and conclusions about resiliency fall into this description. It appears that hope that the future will be better than the present and the support of a loving, trusted adult are the two most important factors to help children through the trauma of abuse. I doubt that this is enough. It is too simple, and, if child abuse is anything, it is complex. Factors present in every case that may influence the outcome are education, socio-economic and political level of parents, a family background of pathology, a family background of abuse, the ability to withstand stress, alcoholism and drug abuse, and many more. The conclusions that are being made about the connection between resiliency and abuse seem to be important and sound, but they are yet to be applied on a widespread practical level.

Perhaps the research has outlined all that there is to know about

abuse and these ideas are not being implemented in schools, treatment programs, and individual counseling sessions, but this is not likely. It is more likely that there is still a great amount to be learned about child abuse and that new information will guide the development and implementation of new theories and treatment practices, not only to assist victims but to identify and defuse potential perpetrators.

The price that our society and the world are paying for the continuation of abuse is staggering. The number of people who suffer and are unable to develop to their potential is probably uncountable. This is a subject worthy of future study. I hope to be a part of it.

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