CHILDHOOD SEXUAL ASSAULT AND CHILDREN’S DEVELOPMENTAL OUTCOMES: WHAT EVERY PROFESSIONAL WORKING WITH CHILDREN SHOULD KNOW

A Project

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by

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Abstract

of

CHILDHOOD SEXUAL ASSAULT AND CHILDREN’S DEVELOPMENTAL OUTCOMES: WHAT EVERY PROFESSIONAL WORKING WITH CHILDREN SHOULD KNOW

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Statement of Problem

According to the US Department of Health and Human Services, Children’s Bureau a startling 695,000 cases of child maltreatment were reported in the United States during the year 2010, with sexual assault accounting for nearly 10% of those cases. Survivors of childhood sexual assault (CSA) may experience social, emotional, and cognitive developmental issues related to the victimization that their non-victimized counterparts do not (Dove & Miller, 2007; Van Bruggen, Runtz, & Kadlec, 2006). It is crucial for educators and professionals working with children to be aware of the socio-emotional and cognitive difficulties survivors of CSA may face.

Sources of Data

The researcher developed a two-part lecture series that presented current and future professionals working with children with information on CSA, developmental outcomes
associated with CSA, warning signs of abuse, and how to report CSA. The researcher also incorporated two activities into the lectures to help aid in participants’ retention of knowledge of CSA warning signs and occupations that mandate reporting of CSA. At the end of the lecture presentation, participants completed a brief evaluation rating the lecture content and usefulness.

Conclusions Reached

Analysis of the data from the evaluations showed that participants increased their knowledge of CSA, developmental outcomes, reporting CSA, mandated reporting laws, and CSA warning signs. Results from the evaluation indicated that the overall experience of the lectures was enjoyable and participants indicated that they gained a significant amount of knowledge and felt more able to implement this knowledge if necessary. Participants also indicated on the suggestions and comments option that they would like to see more professional guest speakers, coping resources for victims, and more group interaction in a future lecture series.

_______________________, Committee Chair
Dr. Karen Horobin

_______________________
Date
DEDICATION

I would like to dedicate this project to my husband and children. Thank you for your constant love and support throughout this whole process. You make my life complete.
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First and foremost, I would like to thank my Lord and Savior Jesus Christ, without whom none of this would have been possible.

Second, I would like to thank my wonderful husband Nathan. You have been such an amazing help throughout all of this process. You have encouraged me, pushed me to keep going when I’d had enough, and loved me through all the stresses of this project! You are an amazing husband, father, provider, and friend, and you inspire me to be better. Thanks for balancing me out, calming me down, and loving me pieces. I love you!

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Mom and dad, thanks for loving and supporting me. Thanks for your help with the kids, and with words of wisdom and advice. I wouldn’t be here today with out you.

Lauren, if you never would have made me apply for college I would not be here today. Thanks for helping me fill-out my college applications, for pushing me to apply to college, and for being supportive during all my “freak-outs”. I love you kitty!

Serena, I love you so much Seeeester. You are so supportive of everything I do and never fail to tell me how proud you are of me. I am who I am today, and where I am today, because you were in my life. I love you so much, thank you.
Ashley Wilson, you are the only one who really knows what I have been through. I will forever be indebted to you for your support throughout this all. I am so glad to have met you, and I will cherish our friendship and the time we spent together.

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Chapter 1

INTRODUCTION

Statement of the Problem

Figures released by the US Department of Health and Human Services, Children’s Bureau reveal a startling 695,000 reported cases of child maltreatment in the United States during the year 2010. Child sexual abuse accounted for 9.2 percent of these child maltreatment cases. Child sexual abuse (CSA) is defined as a type of maltreatment that involves the use of a child in sexual activity in order to provide sexual gratification or financial benefit to a perpetrator, including but not limited to: contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities (US Department of Health and Human Services, Children’s Bureau, 2010). These are just the known cases of CSA; many cases of child sexual abuse go unreported (Finkelhor, Ormrod, & Turner, 2009; McClure, Chavez, Agars, Peacock, Matosian, 2008). The Crimes against Children Research center indicates that 1.2 percent of American children are victims of sexual assault each year (Finkelhor & Douglas, 2005). Given the high prevalence of CSA, professionals working with children are likely to have an encounter with a CSA victim during the course of their career (Dove & Miller, 2007).

Childhood sexual assault is a traumatic experience with many long-term negative
consequences for victims persisting throughout their lifetime. Previous research has shown CSA to be associated with a plethora of negative social and emotional outcomes for victims such as: anxiety, fear, problems with emotion regulation, and attachment difficulties (Cort, Gamble, Smith, Chaudron, Lu, He, & Talbot, 2012; Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005; Smith, Gamble, Cort, Ward, He, & Talbot, 2012). Research has also shown CSA to be associated with negative outcomes for survivors’ romantic or sexual relationships such as: adult sexual victimization (ASV), poor sexual self-esteem, dysfunctional sexual conduct, risky sexual behaviors, dysfunctional romantic attachment, partner trust issues, and sexual intimate partner violence (IPV) (Chan, 2011; Chan, Yan, Brownridge, Tiwari, & Fong, 2011; Lemieux & Byers, 2008; Van Bruggen et al., 2006). Furthermore, research has shown associations between CSA and adverse mental health outcomes such as: suicidal behaviors or ideations, anxiety, and depression (Chan, 2011; Chan et al. 2011; Lemieux & Byers, 2008; Neville, Heppner, Oh, Spanierman, & Clark, 2004; Reese-Weber & Smith, 2011; Spokas, Wenzel, Stirman, Brown, & Beck, 2009; Van Bruggen et al., 2006).

Child sexual assault is also associated with negative cognitive outcomes affecting areas such as: memory recall, academic achievement, cognitive processing, and cognitive disorders (Boden, Horwood, & Fergusson, 2007; Buckle, Lancaster, Powell, & Higgins, 2005; Dignault & Hebert, 2009; Geraerts, Lindsay, Merekelbach, Jelicie, Raymaekers, Arnold, & Schooler, 2009; Jones, Trudinger, & Crawford, 2004; Porter, Lawson, & Bigler, 2005; Reavey & Brown, 2007; Rellini, Elinson, Janssen, & Meston, 2012; Stein, Hanna, Vaerum, & Koverola, 1999). Thus, survivors of CSA may experience social,
emotional, and cognitive developmental issues related to the victimization that their non-victimized counterparts do not (Buckle et al., 2005; Dove & Miller, 2007; Van Bruggen et al., 2006). It is crucial for educators and professionals working with children to be aware of the socio-emotional and cognitive difficulties survivors of CSA may face.

Although higher education professors have identified CSA as a topic that current and future professionals working with children should gain knowledge of and study, it seems this topic does not receive enough attention in college or university classrooms. In order to address this issue, the present project was to create and present lectures on this important topic to college students. This researcher created and presented lectures based on theory and research outlining the negative social/emotional and cognitive outcomes that CSA victims may experience, identifying the warning signs that indicate CSA is taking place, and explaining what professionals should do if they suspect CSA. The lectures were delivered to current and future professionals who were pursuing careers working with children.

**Project Importance and Significance**

The purpose of the project was to develop and deliver research- and theory-based lectures regarding the social, emotional, and cognitive outcomes for CSA victims, warning signs that CSA is taking place, and what to do if CSA is suspected, to current and future professionals working with children. The project addressed: (a) CSA prevalence rates and statistics, (b) research based associations between CSA and children’s social/emotional and cognitive developmental outcomes, (c) the need to educate current or future professionals working with children about the social, emotional,
and cognitive outcomes CSA victims may experience, (d) the need to educate professionals about warning signs that CSA is taking place, (e) the need to educate professionals about what to do if they suspect that CSA is taking place, (f) the need to disseminate research- and theory-based information to a population of current and future professionals working with children, and (g) the need for accessible research-based knowledge for child development educators, disseminated via an effective, efficient delivery method.

The project content was delivered via lectures in college courses in which current and future professionals working with children were currently enrolled. This model provided a more time and cost effective delivery alternative to the traditional seminars or workshops. The lecture format presentation provided an opportunity to reach a diverse population of current and future professionals that work with or serve children. The project enabled these professionals to access theory and evidence-based information on the important topic of CSA at a time already convenient for them.

**Methods**

In today’s economically challenged society current and future professionals working with children do not have a lot of extra money or time to spend on attending workshops or to see guest speakers. The delivery of lectures in higher education classrooms is a convenient and cost effective way to provide educational information for current or future professionals working with children. In addition, this method of delivery allows students to access the information at a time already incorporated into their busy schedules.
In the project the researcher developed specialized lectures addressing cognitive and socio-emotional outcomes associated with CSA that were presented to current and future professionals in fields working with children. These lectures were piloted in courses on Cognitive Development and Social-Emotional Development in the Child Development Department at Sacramento State University. The lectures ran approximately 60 minutes in length. The length of each lecture was decided based upon recommendations made by current Child Development professors. The target audience was undergraduate students who were currently working with, or anticipated working with children.

The lecture content was drawn from a thorough review of the theory and research related to CSA, including social, emotional and cognitive outcomes, as well as general child development knowledge. Lecture Power Point slides were developed from the empirical literature and reviews. The format of each lecture was similar in nature but the elements of content varied by developmental topic. A copy of the Power Point lectures is provided in Appendix A.

An assessment of the project was completed by the target audience using a self-report measurement tool; a total of 81 participants completed the assessment. The assessment included questions such as: “What information did you find useful?” “How do you see this information being helpful in your future career?” “Is there anything you would like to see added to the program?” Demographic questions to gather gender, age range, current work in child development and education, and future career goals were also included. For a copy of the evaluation and demographic instrument see Appendix B.
Definition of Terms

Affective response- an emotional response elicited to interpret a situation; elicited only after a certain amount of cognitive processing of information has been accomplished. In this view, an affective reaction, such as liking, disliking, evaluation, or the experience of pleasure or displeasure, is based on a prior cognitive process in which a variety of content discriminations are made and features are identified, examined for their value, and weighted for their contributions (Rellini, Elinson, Janssen, & Meston, 2012).

Child maltreatment- An act or failure to act by a parent, caregiver, or other person as defined under State law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child (US Department of Health and Human Services, Children’s Bureau, 2010).

Childhood sexual assault- any type of maltreatment that involves the use of a child in sexual activity in order to provide sexual gratification or financial benefit to a perpetrator, including but not limited to: contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities (US Department of Health and Human Services, Children’s Bureau, 2010).

Emotion regulation- an individual’s understanding of, and degree of control over emotional responses (Rellini et al., 2012).

Multiple Personality Disorder (MPD)- also known as dissociative identity disorder; a severe form of dissociation; a mental process, which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity
Post Traumatic Stress Disorder- a psychological reaction that occurs after experiencing a highly stressful event (as wartime combat, physical violence, or a natural disaster) outside the range of normal human experience and that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders IV, 2000).

Stigmatization- negative connotations surround the abuse that are communicated to the child and become incorporated into the child’s self-image (Finkelhor & Brown, 1985).

Traumagenic Dynamics- trauma causing factors that provide a systematic way of understanding the effects of childhood sexual assault (Finkelhor & Brown, 1985).

Traumatic sexualization- the process by which a child’s sexuality, including both sexual feelings and attitudes, is shaped in a developmentally inappropriate manner as a result of sexual abuse (Finkelhor & Brown, 1985).

Project Limitations

This project, although successful in many ways, is not without limitations. Although the researcher covered many pertinent topics relative to CSA and children’s development, there was not enough time to comprehensively cover every pertinent topic. An entire semester, or more, could be devoted to a thorough review of CSA and
children’s developmental outcomes. This lecture series only provided a brief over-view of CSA and a handful of thoroughly researched topics related to such.

This project was also limited in terms of target audience and location. This lecture series is limited in that it was specifically designed to be present in Child Development classes, thus limiting the audience the project can reach. The Traumagenic Dynamics Model is a lifespan model that explains the effects of CSA on development over the course of a lifetime, not just childhood. Much of the information provided in the lectures is not specific to just children, and with some minor adjustments this lecture series could be used to inform many diverse populations of professionals about CSA, not just those working with children.

Lastly, access to the lectures was a limitation for two main reasons. First, lectures were only presented to students who were currently enrolled in the classes in which the lectures were presented. The first lecture presented was in a televised distance education class going out to multiple locations, so more professionals had access to the information, but still only those who were currently enrolled as students in such classes. Second, the lectures were only presented to Child Development majors. The participants were already sensitive to some of the areas that were discussed, and thus they do not represent all college students or encompass everyone who will pursue a career working with children. In order to address this limitation the lecture series should be used in other courses of study, as well as other colleges, universities, and agencies, in an effort to best provide CSA information to professionals who are or will be working with children, thus maximizing the projects effectiveness.
Organization of the Project

Chapter One presents an outline of this project on the effects of childhood sexual assault (CSA) on children’s development. Additionally, Chapter One posits the potential effectiveness of a Power Point delivery method, aimed at current and future professionals working with children, for the dissemination of research based information in order to identify the harmful effects of CSA on children’s outcomes. Chapter Two provides a current literature review of (a) the underlying child developmental theory used to support this project, (b) current childhood sexual assault research that supports the significance of the problems associated with CSA on children’s development, (c) the long-term developmental consequences for children exposure to CSA, and (d) an overview of the effectiveness of CSA intervention programs. Chapter Three describes the methodology used by the researcher to produce the project. Chapter Four provides a discussion of the project including recommendations for its use. Appendices A and B include the lecture Power Point slides and the evaluation measurement tool.
Childhood Sexual Assault

Child sexual abuse (CSA) is defined as a type of maltreatment that involves the use of a child in sexual activity in order to provide sexual gratification or financial benefit to a perpetrator, including but not limited to: contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities. In 2010 there were 695,000 reported cases of child maltreatment in the United States and CSA accounted for 9.2 percent of these child maltreatment cases (US Department of Health and Human Services, Children’s Bureau, 2010). Given the high prevalence of CSA, professionals working with children are likely to have an encounter with a CSA victim during the course of their career (Dove & Miller, 2007).

Children who experience CSA are likely to suffer negative outcomes related to social, emotional, and cognitive development. For many victims, the trauma caused by CSA interferes with healthy development (Dove & Miller, 2007; Finkelhor & Brown, 1985). Negative outcomes interfere with healthy development in different ways depending on the age and developmental levels of the victim (Finkelhor & Brown, 1985).

Traumagenic Dynamics Model

Finkelhor and Brown (1985) proposed the Traumagenic Dynamics Model (TDM),
as a framework that provides a systematic way of understanding the effects of CSA throughout the lifespan. The TDM is comprised of four traumagenic dynamics, or trauma-causing factors: (a) traumatic sexualization, (b) betrayal, (c) powerlessness, and (d) stigmatization that can be used to theorize about, and assess the outcomes of CSA.

Traumatic sexualization is the shaping of a child’s sexuality in a fashion that is developmentally and interpersonally inappropriate. This dysfunctional schema is developed as a result of sexual abuse, and varies in terms of degree and intensity. Those victims who are repeatedly subjected to CSA, experience particularly violent CSA, or are older at the time of the assault are likely to experience a greater degree of traumatic sexualization (Moody, 1994). The TDM proposes that children who are older at the time of the assault are more likely to suffer a greater degree of traumatic sexualization because, due to their age or developmental level, they are aware of sexual norms, taboos, and implications that younger victims are not aware of (Finkelhor & Brown, 1985; Finkelhor, Hotaling, Lewis, & Smith, 1989).

For CSA victims, the dynamic of betrayal can occur at the hands of the abuser (abuser-associated betrayal), but betrayal can also occur at the hands of others whom victims chose to disclose the abuse to (disclosure-associated abuse). Abuser-associated betrayal refers to the loss of trust/security that a child feels when they realize that they have been sexually misused and manipulated. This abuser-associated betrayal varies by degree and intensity. Children who experience CSA at the hands of a relative or other trusted person often experience greater degrees of betrayal than those who experience CSA at the hands of a stranger. Disclosure-associated betrayal refers to when children are
disbelieved, blamed, punished, or ostracized as a result of the disclosure of CSA (Finkelhor & Brown, 1985).

Powerlessness refers to children feeling they have no power over the abuse situation; their body, will, and desires do not matter to the abuser, and they are unable to prevent the assault from taking place. This can leave children feeling fearful, disempowered, and avoidant of relationships with others. The powerlessness dynamic also varies in terms of degree and intensity, as well as over the course of the lifespan. Victims who disclose abuse and are not believed or supported experience greater powerlessness than those who are believed and supported. Feelings of powerlessness change over the victim’s lifespan, and victims often feel less disempowered once abuse has stopped or is disclosed (Finkelhor & Brown, 1985).

The last dynamic, stigmatization, refers to the negative connotations that a child develops as a result of CSA that becomes incorporated into their self-image. Negative connotations can be communicated to victims by abusers, during or after abuse, as well as by other adults or peers, especially if the victim is blamed for the abuse, or not believed (Finkelhor & Brown, 1985; Finkelhor et al., 2009).

The TDM suggests that victims of CSA engage in negative/consequential behaviors because their cognitive, emotional, and sexual orientations about the world are altered by trauma (Finkelhor, Ormrod, Turner & Hamby, 2005; Finkelhor et al., 2009). The TDM proposes age and severity related differences in orientation-altering traumas and the ensuing outcomes for victims. Children who are older at the time of the assault, are more gravely assaulted, or are assaulted repetitively are likely to experience these
traumagenic dynamics in more severity, than children who are younger, less severely assaulted, or have less exposure to assault (Easton, Coohey, O’leary, Zhang, & Hua, 2011). The TDM provides a lens for conceptualizing, researching, and theorizing about CSA and subsequent effects of such for victims (Finkelhor et al., 2009; Finkelhor & Brown, 1985).

**Social and Emotional Outcomes**

CSA victimization is often accompanied by a superfluity of negative social/emotional outcomes for victims (Bartoi & Kinder, 1998; Fergusson et al, 1997; Finkelhor et al, 1989; Runtz & Roche, 1999). Empirical and clinical research has shown associations between CSA victimization and attachment issues in survivors’ adult romantic relationships (Bartoi et al., 2000; Finkelhor & Brown, 1985; Runtz & Roche, 1999). Specifically, women with CSA history tend to report more insecure patterns of attachment and unstable relationships in adulthood (Smith et al. 2012). For some victims, the betrayal of CSA conjures up trust issues, which can affect future relationships. Some victims feel the need to isolate themselves emotionally from romantic relationships, which can lead to attachment issues, while others may cling to unhealthy relationships, in turn developing unhealthy attachments (Finkelhor & Brown, 1985; Smith et al., 2012). Because attachment styles are often carried into adulthood it is imperative to better understand associations between CSA and attachment (Smith et al., 2012),

Child sexual abuse has also been associated with negative outcomes in sexual aspects of romantic relationships, such as sexual health, wellness, and functioning of survivors (Lemieux & Byers, 2008; Runtz & Roche, 1999; Van Bruggen et al., 2006).
Research has shown CSA to be associated with sexual revictimization later in life (Chan, 2011; Reese-Weber & Smith, 2011; Van Bruggen et al., 2006). A recent study, using the self-reports of 402 university women, found that those who were victims of CSA as children were twice as likely to be revictimized by the age of 14 (Van Bruggen et al., 2006). Another study by Chan (2011), using interviews and self-reported measures from 5,049 Chinese in Hong Kong, found that 2 out of 3 victims of CSA experienced revictimization in adulthood. Similarly, Reese-Weber and Smith (2011), used self-reported data from 363 first semester college students, and found an elevated rate of victimization amongst CSA victims as compared to those with no history of CSA. The TDM suggests that multiple victimizations can increase the degree of traumatic sexualization, which can lead to increased negative outcomes for victims (Finkehor & Brown, 1985). The findings presented in these studies further support the notion of long-term negative consequences of CSA by highlighting the relationship between CSA and increased rates of revictimization.

For victims, another aspect of sexual functioning that affects romantic relationships is sexual self-esteem. Sexual self-esteem, characterized as an individual’s emotion ridden reactions to their sexual behaviors, feelings, and thoughts, has been reported to be associated with CSA. Victims of CSA often report poorer sexual self-esteem than non-victims (Lemieux & Byers, 2008; Van Bruggen et al., 2006). Using data collected via self-reported measures from 270 university women, Lemieux and Byers (2008) found sexual self-esteem reported by victims of CSA to be poorer than sexual self-esteem reported by their non-abused counterparts. These women also reported poorer...
evaluations of their ability to please/be pleased, sexual attractiveness, and control over their sexual thoughts, feelings, behaviors, and sexual moral judgments. Finkelhor and Brown (1985) suggest that sexual self-esteem and wellness are affected by traumatic sexualization, such that victims who experience greater degrees of traumatic sexualization are more likely to experience issues with sexual self-esteem and wellness (Finkelhor & Brown, 1985). This shows the long-term consequences that CSA can have on sexual self-esteem and sexual self-schemas, especially in areas of sexual attractiveness, control, and judgment.

For victims, CSA can also lead to dysfunctional sexual conduct. Specifically, CSA victimization coupled with poor sexual self-esteem has been associated with two types of dysfunctional sexual conduct; namely, CSA victims either abstain from sex, or engage in uncommitted/casual sexual behaviors (Lemieux & Byers, 2008; Van Bruggen et al., 2006). In their research, Lemieux and Byers (2008), found poor sexual self-esteem in CSA victims to be associated with periods of casual sexual encounters as well as periods of sexual withdrawal. This finding was partially supported by Van Bruggen et al. (2006), who found CSA to be associated with periods of withdrawal or abstinence, but not with casual or uncommitted sexual behaviors. Though there is some discrepancy amongst these results it still seems that the low sexual self-esteem associated with CSA experiences can lead to dysfunctional sexual behaviors and problems in adulthood (Lemieux & Byers, 2008).

Research has produced conflicting results as to whether victims of CSA are more likely to engage in other risky sexual behaviors. Some studies indicate that victims of
CSA are more likely to engage in risky sexual behaviors than their non-victim counterparts (Lemieux & Byers, 2008; Runtz & Roche, 1999), while other research has found no associations between CSA and risky sexual behaviors (Van Bruggen et al., 2006). Lemieux and Byers (2008) found that victims of CSA were more likely to engage in unprotected sex, have lapses in moral judgment, a greater number of sexual encounters, and more casual sex experiences. Research by Runtz and Roche (1999), using data collected via self-reports from 775 women at a Canadian university, also found risky sexual behaviors to be more likely for victims of CSA than for non-victims. This finding is in conflict with Van Bruggen et al. (2006), who found no associations between CSA victimization and increased likelihood of risky sexual behavior. Van Bruggen et al. (2006) did suggest that those CSA victims who engaged in casual sexual behaviors were more vulnerable to adult sexual victimization (ASV) than those who did not.

The TDM suggests that multiple victimizations can increase the degree of traumatic sexualization, which can lead to increased negative outcomes for victims. When children are traumatically sexualized this can lead to issues with their sexual self-esteem and wellness (Finkelhor & Brown, 1985). Taken together this research identifies how CSA can have long-term negative consequences effecting sexual aspects of social/emotional relationships for adult survivors of CSA.

For victims, CSA has been found to be associated with not just poor sexual self-esteem, but with poor self-esteem in general (Chan et al., 2011; Lemieux & Byers, 2008). Research by Neville et al. (2004), using data self-reported by 97 college women, found CSA to be linked with poor self-esteem. They also found that women with poor self-
esteem were more likely to blame themselves if they had experienced ASV or other negative long-term consequences in romantic relationships. For example, Chan et al. (2011), using interviews and self-reported measures from 1154 Chinese adults in Hong Kong, found that victims of CSA, who reported low self-esteem, were more likely to be victims of physical and sexual intimate partner violence (IPV). In addition, victims somehow saw themselves as responsible for the IPV and ASV, and thus did not leave their abusers. This finding was also supported by Neville et al. (2004), who found that women with prior exposure to high levels of sexual violence were likely to blame themselves for ASV, and likely to report poor self-esteem. These findings support a link between CSA and negative long-term outcomes for self-esteem.

Another aspect of social/emotional functioning that is affected by CSA is emotional regulation. Victims of CSA often exhibit difficulties in expressing and regulating their emotions, registering emotional responses, controlling impulsive behaviors, awareness of emotional experiences, and accessing emotion regulation strategies (Rellini et al., 2012). Thus it is important for current and future professionals working with children to be aware of how CSA may interfere with the emotional regulation capabilities and relationship outcomes for these children.

Further research has shown CSA to be associated with an increased risk for depression in adulthood (Cort et al., 2012; McClure et al., 2008; Smith et al, 2012). Specifically, victims who experienced higher levels of exposure to CSA were more likely to experience a greater degree of depression (Fergusson et al., 2008). In a study examining factors related to depression Cort et al. (2012) found that nearly one quarter of
all adult patients seeking mental health services had experienced CSA and depression. Furthermore, depressed individuals who experienced CSA were less responsive to treatment than their non-abused counterparts (Smith et al., 2012). Increased levels of exposure to CSA have also been associated with increased rates of anxiety disorder, conduct disorder, substance abuse, alcohol abuse, and suicidal behaviors (Fergusson et al., 2008). Finkelhor and Brown (1985) posit that increased exposure to CSA is associated with greater negative outcomes due to the degree of traumatic sexualization that the victim experiences. Often times, the negative social/emotional outcomes associated with traumatic sexualization can lead to more damaging mental health outcomes (Finkelhor & Brown, 1985).

Individuals that experience CSA victimization are also more likely to experience other negative mental health outcomes (Chan, 2011; Chan et al., 2011; Fergusson et al., 2008; Spokas, 2009). In a study examining suicidal behaviors, Chan et al. (2011) found suicidal ideations to be more prevalent in participants who reported CSA. Specifically, of those who reported being victims of CSA, 5.8 percent had also reported suicidal ideations. Additionally, using data collected via clinician administered measures and self-reports from 166 suicide attempters, Spokas et al. (2009) found a correlation between attempted suicide and CSA. Specifically, 32 percent of those who had attempted suicide also reported being victims of CSA. The researchers also reported that the relationship between CSA and suicidal behaviors was mediated by other factors such as poor self-esteem, history of victimization, intimate partner violence, and adult sexual victimization.
Cognitive Outcomes

While there is extensive empirical and clinical research that focuses on social/emotional outcomes related to CSA, there is much less research that focuses on cognitive outcomes associated with CSA. Existing CSA research related to cognitive outcomes is mainly focused on memory, academics, cognitive processing, and cognitive disorders (Geraerts et al., 2009, Morton, 1994; Stein, et al., 1999).

Academic achievement is an area related to cognitive development where CSA survivors can experience negative outcomes. Children who experience CSA are likely to experience more frequent academic problems (Buckle et al., 2005). Academic troubles such as: poor academic achievement, lower memory assessment scores, school absenteeism, and grade retention have all been found to be associated with CSA (Boden et al., 2007; Buckle et al., 2005; Daignault & Hebert, 2009; Jones et al., 2004). In a study examining CSA and academic achievement Daignault and Hebert (2009) found that 24% of female CSA victims had repeated a grade. Buckle et al. (2005) posited that poor academic achievement was mediated by other factors, such that CSA victims with externalizing or internalizing problems, lower IQ, and/or substance abuse were more likely to exhibit poorer academic achievement.

For CSA victims with higher reported levels of academic achievement, factors like high IQ, academic support, and resilience may act as buffers against the negative academic effects of CSA (Buckle et al., 2005; McClure et al., 2008). Resilience may also play a buffering role against other negative cognitive developmental outcomes. Specifically, McClure et al. (2008) found that those victims of CSA who had family
support and cohesion showed more resilience than those that did not, and that for those specific victims resilience was related to lower levels of stress and reduced psychological distress. Similarly, Daignault and Hubert (2009) found that women who were more resilient experienced fewer negative outcomes related to academic and behavioral spheres than those that exhibited less resilience. Taken together this suggests that victims of CSA who demonstrate more resilience are likely to experience fewer negative cognitive outcomes. It may be that more resilient victims have more effective strategies or resources for coping (Buckle et al., 2005; McClure et al., 2008).

Memory suppression and/or distortion have also been suggested to function as coping mechanisms for victims of CSA (Geraerts et al., 2009; Morton, 1994; Stein et al., 2009). CSA can be particularly traumatic, and for some victims, memory problems associated around the event may be observed (Geraerts et al., 2009). The blocking of memories or events can be seen as a defensive or coping mechanism that CSA victims use in order to deal with the assault (Geraerts et al., 2009; Stein et al., 2009). However, repressing memories as a coping mechanism has been found to be associated with cognitive disorders such as multiple personality disorder (MPD) and post-traumatic stress disorder (PTSD) (Moody, 1994; Morton, 1994; Porter et al., 2005). It is estimated that as many as 75% of patients who are suffering from MPD are also victims of CSA (Kendall-Tackett, Williams, & Finkelhor, 1993). A common symptom of MPD is forgetfulness or loss of memories. Often times, memories that are recovered from patients in MPD treatment have to do with CSA (Morton, 1994). Because MPD and forgetfulness can impair children’s abilities to learn and function it is important to educate current and
future professionals working with children about CSA and its linkages to MPD, forgetfulness, and other cognitive disorders such as PTSD.

For some victims of CSA, memory loss or distortion related to the event is not the problem, but rather cognitive limitations that prevent them from disclosing the abuse (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Childhood sexual abuse of children who have disabilities, are unable to speak, or are too young to speak often goes unreported. For preverbal children it may be nearly impossible to disclose CSA later in life because of the cognitive limitations that interfere with children’s ability to recount early memories. According to Goodman-Brown et al., early memories are more likely to become concrete, long-standing memories if they are discussed or narrated after the event takes place. If CSA is not discussed, because the child cannot talk or is afraid to talk, then the long-term memory for this event will be weaker. Victims may then forget the abuse altogether, or have misconceptions related to the event (Cordon, Pipe, Sayfan, Melinder, & Goodman, 2004). Thus, it is not uncommon for a victim of CSA to exhibit inconsistencies in the reporting of their story; this is especially true of children who were very young when the CSA took place (Ghetti, Goodman, Eisen, Qin, & Davis, 2002). For future professionals working with children it is important to be aware of cognitive capacities limiting CSA disclosure, and possible inconsistencies in that disclosure. Inconsistency in disclosure does not mean a victim is being untruthful, but rather may be a result of numerous factors, including limited cognitive capacities of young children.

Other problems with cognitive dysfunction have also been associated with CSA.
According to Finkelhor and Brown (1985) prolonged exposure to sexual assault can be particularly stressful and trauma inducing for victims. Research has identified a relationship between prolonged stress and cognitive dysfunction in victims of CSA (Porter et al., 2005; Stein et al., 1999). Specifically, prolonged stress has the ability to impair learning and memory, which over time can lead to cognitive deficits in areas such as verbal memory and intellectual functioning (Stein et al., 2005). Research suggests that these deficits are associated with structural brain changes, particularly in the limbic structures, left hippocampus, and amygdala (Porter et al., 2005), brain areas that are associated with memory, recall, learning, emotions, and fear (Alkire, Gruver, Miller, McReynolds, Hahn, & Cahill 2008).

Empirical research has also shown that CSA can impact cognitive affective responses. An affective response is an emotional response elicited to interpret a situation only after a certain amount of cognitive processing of information has been accomplished. An affective reaction, such as liking and disliking, or an evaluation or experience of pleasure or displeasure, is based on a prior cognitive process in which a variety of content discriminations are made, identified, and weighted for their contributions (Rellini et al. 2012). Specifically, Rellini et al. posited that women who experience CSA are more likely to report negative affective responses to sexual situations and stimuli. For those CSA victims, negative responses to sexual situations are mediated by cognitive affective mechanisms.

Furthermore, Rellini et al. (2009) found that CSA victims were more likely to experience PTSD; a relationship that may be explained as an association between trauma
related cues and cognitive affective responses. Geraerts et al. (2009) found that PTSD interferes with children’s memory functioning; taken together this information exemplifies the need for educating current and future professionals about relationships between CSA and cognitive affective responses.

**CSA Warning Signs**

For current and future professionals working with children it is not enough to know the outcomes associated with CSA, but professionals should be knowledgeable in how to identify CSA victims so they can report it to the proper authorities. Due to the fact that many cases of CSA go unreported (Finkelhor & Douglas, 2005), it is likely that professionals may encounter a CSA victim throughout their career who has not reported being victimized. It is crucial for professionals working with children to be knowledgeable about warning signs that CSA is taking place. Physical signs CSA is taking place can include difficulty walking or sitting, bruising, pain, or itching in genitals, soiling undergarments unrelated to potty-training, and urinary tract or sexually transmitted infections (Goldman & Grimbeek, 2009; Stop it Now!, 2008; Us Department of Health & Human Services, 2010). Behavioral signs of CSA can include mood swings, thumb sucking, talking about or spending time with an “older friend”, talking about sexual activities in a detailed manner, unusual fears of people or places, self-harm behaviors, change in eating habits, body image issues, refusal to remove clothing at appropriate times, distracted or distant behaviors, playing sexual games, refusal to talk about certain adults or secrets with adults, running away or talking about running away, and difficult, bizarre, or unexplainable behaviors.
There is a great deal of variability in behavioral warning signs that children exhibit. Behaviors that may be abnormal for one group of children to exhibit may be indicators of abuse; whereas those same behaviors in another group of children would not be considered alarming. For example, when a young child has detailed knowledge about adult sexual activities, this can be an indicator of CSA, whereas an older child having this information, such as a teenager, would not necessarily raise cause for alarm. Similarly, younger children sucking their thumbs may not be a cause for alarm, but older children sucking their thumbs, especially if they have never sucked their thumbs before, is a cause for alarm.

These warning signs are not a comprehensive list, but rather serve as a template of possible behaviors to expect if CSA is taking place. It is possible that some of the typical warning signs indicative of CSA are related to something else such as: divorce, death, or other traumatic events (Stop it Now!, 2008). Current and future professionals should be knowledgeable of the warning signs and behaviors that suggest CSA is taking place. Knowledge of these warning signs can assist in aiding professionals who witness these behaviors in reporting suspected CSA.

**Reporting CSA**

If professionals know of, or suspect CSA, it is crucial to report it to authorities. CSA professionals suggest that if CSA is suspected adults should create a safety plan that discusses CSA, informs and gets adults involved, outlines resources, and helps the child. If there is reasonable suspicion of abuse, then it is important to take immediate action and not wait for proof of CSA. Look for patterns of behavior or events that put children at
risk, and keep records of these events or behaviors. If abuse is reported or confirmed
CSA professionals suggest that adults take immediate action, report the crime to the
police or Child Protective Services, and document evidence if any is available (Goldman
& Grimbeek, 2009; Stop it Now!, 2008).

Most types of professionals who work with children are mandated by law to report
any incident of confirmed or suspected child abuse and/or neglect. This would include
professionals such as nurses, teachers, daycare providers, and principals. California Penal
Codes 11164 -11174.3 establish definitions of abuse, and make reporting child abuse and
neglect mandatory, confidential, and protected by law. California Penal Code 11165.1
defines sexual abuse as sexual assault or sexual exploitation of anyone under the age of
18. Sexual assault includes, but is not limited to, sex acts with children, intentional
masturbation in the presence of children, and child molestation. Sexual exploitation
includes preparing, selling, or distributing pornographic materials involving children,
performances involving obscene sexual conduct, and child prostitution (US Department
of Health & Human Services, 2010).

The Child Abuse and Neglect Reporting Act (CANRA) was passed in 1974 to
protect children from abuse, as well as to protect mandated reporters from legal
repercussions. The CANRA legislation states that the name of the mandated reporter is
strictly confidential, although it is provided to investigative parties working on the case.
Failure to report concerns of child abuse or neglect is considered a misdemeanor and is
punishable in California by six months in jail and/or up to a $1,000 fine (US Department
of Health & Human Services, 2010).
Legal protection provided to mandated reporters by CANRA laws, however, does not protect against civil cases. In instances of civil proceedings the government provides mandated reporters with legal fee assistance. As long as a report is filed based on reasonable suspicion or confirmed abuse, a mandated reporter will be held liable in civil or criminal court (US Department of Health & Human Services, 2010).

The CANRA reporting laws require a mandated reporter to make a report in cases of reasonable suspicion of abuse. The reasonable suspicion criterion was established to aid in the identification and protection of as many abused children as possible, as well as the protection of mandated reporters. In practice, determining what constitutes a reasonable suspicion can be difficult. In the absence of clear physical indicators or verbal reports of abuse, professionals must rely on direct observations of children and families to determine if a report should be made (US Department of Health & Human Services, 2010).

Making an assessment of possible child abuse requires collecting information in order to determine what the problem is, who is involved, and how to proceed with a plan of action. When evaluating a concern, it is important to maintain a clear distinction between determining whether there are grounds for reasonable suspicion and conducting an investigation of the allegations. A mandated reporter’s job is not to prove or investigate the presence of abuse; a mandated reporter is only required to report suspicions in order for a child protective agency or county designee to conduct an investigation (US Department of Health & Human Services, 2010).
It is also important to keep cultural influences in mind when assessing information or behaviors that may influence decision-making. Culture shapes attitudes and ideas about what is considered acceptable behavior for children, how to discipline children, and what constitutes abuse. Professionals should acknowledge their own cultural biases when observing the interactions of others. If a professional is unsure if a behavior constitutes abuse or not it is best to report it and give the proper authorities the chance to investigate and determine if some type of abuse is taking place (US Department of Health & Human Services, 2010).

**Importance of Educating Professionals**

Goldman and Grimbeek (2009) argue that there is a substantial need for professionals to be equipped with the appropriate knowledge, behaviors, and skills necessary to deal effectively with CSA and reporting. Goldman and Grimbeek suggest that the opportune time and place to provide future educators with professional information, as well as address their competencies, and their knowledge of the scope and importance of reporting and detecting CSA is in universities when professionals are still in pre-service.

Goldman and Grimbeek (2009) posit that educators and other child development professionals are ideally placed in children’s lives giving them a unique advantage in helping to prevent CSA. Educators spend 6 or more hours a day with children, they develop personal relationships with them, and they can observe changes in behavior that may be of concern (Moody, 1994). Educators can also benefit children by providing them the opportunity to engage in CSA prevention programs to increase their knowledge of
sexual abuse prevention concepts (Gibson & Leitenberg, 2000).

Program success. Many different types of CSA prevention programs exist. Types of prevention programs currently utilized include distribution of printed materials, drama based interventions (plays, skits, acting out situations), lectures and discussions, movies, films, and documentaries, parent workshops, and teacher training prevention programs.

Childhood sexual assault prevention training programs aimed at educating teachers and other childcare workers have been found to be successful and less costly then intervention treatment programs (Moody, 1994). These programs do not prevent childhood sexual abuse per se (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Gibson & Leitenberg, 2000; Moody, 1994), but rather they give professionals the necessary tools to provide children with information about CSA, ways to protect themselves, and abuse prevention concepts. Research is conflicting as to whether or not these concepts actually help children avoid becoming victims of CSA. Gibson and Leitenberg (2000), in study using 825 college-aged women, found that those who had participated in a CSA prevention program as children were two times less likely to experience CSA then those who did not participate in a CSA prevention program. Conversely, Finkelhor et al. (1995) found CSA prevention programs to be ineffective in decreasing incidences of CSA. Those who participated in a CSA prevention program showed no significant difference in the percentage of threatened victimizations that were completed, as compared to those who did not participate in prevention programs.

Differences in conclusions reached regarding the effectiveness of CSA prevention programs may come down to differences in the conceptualization of prevention.
Specifically, Finkelhor et al. (1995) conceptualized the effectiveness of prevention programs by examining differences in rates of abuse only as a function of percentages of CSA attempts that were actually completed. However, Gibson and Leitenberg (2000) posit that children who participate in CSA prevention programs may be less likely to be approached or solicited by potential sexual offenders then those who did not participate in CSA prevention programs. These children may also be more likely to report CSA than those who do not participate in prevention programs.

Sex offenders attempt to abuse children they believe are vulnerable and they can get away with abusing. Children who have low self-esteem, are passive, or have little self-confidence are more vulnerable to abuse then those who are not. Participation in CSA prevention programs may actually help children to be less vulnerable to CSA by increasing their knowledge of CSA, making them less passive, and more confident in their ability to thwart potential victimizations. This suggests that the conceptualization of effectiveness as a function of percentage of victimizations that were attempted and completed is not a comprehensive conceptualization because it does not take into consideration the possibility that children who participate in CSA prevention programs may be approached by sexual offenders less often, or be more likely to report abuse than those who do not participate in such programs.

This project was designed to inform current and future professionals working with, or serving children about CSA. According to Gibson & Leitenberg (2000) the opportune time and place to provide these professional with information, as well as address their competencies, and their knowledge of the scope and importance of reporting and
detecting CSA is in universities. Educators and other child development professionals are ideally placed in children’s lives giving them a unique advantage in helping to prevent CSA. Educators spend up to 6 or more hours a day with children, are ideally placed to notice changes in behavior, and are in the position to be an advocate for a child who is experiencing abuse (Kesner & Robinson, 2002).
Chapter 3

METHODS

Project Purpose and Design

This theory and research based project was designed and presented as Power Point lectures, used to inform current and future professionals working with children regarding the effects of childhood sexual assault (CSA) on children’s development. In addition, this project was designed to provide information about CSA warning signs and what to do if CSA is suspected. The lectures consisted mainly of Power Point slides that highlighted CSA and children’s developmental outcomes, warning signs of CSA, and what to do if CSA is confirmed or suspected, as discussed in Chapter Two.

For the purpose of this project, power points were designed, implemented, and evaluated in different Child Development classes that addressed content relative to children’s cognitive and social-emotional development. Each power point presentation was also supplemented with group activities and discussion; these content areas and supplemental activities are further discussed in the Content of the Lectures section.

Participants

For each lecture, participants were gathered from an undergraduate Child Development class at California State University, Sacramento. Prior to the start of each Child Development class, content material was delivered to and approved by the
professor. Lecture materials were added to the class syllabus as a part of the traditional course content to be covered. Students who attended classes on the days the lectures were delivered, but did not wish to participate in evaluating the lectures, were delivered the lecture content of the as a part of the regular class material to be covered for that day. The final sample of participants who consented to provide evaluations for the CSA and Cognitive Development lecture consisted of 38 participants; the final sample for the Social-emotional lecture consisted of 43 participants.

**Protection of Human Subjects**

The Human Subjects Review Committee approved the classification of this project as exempt (see Appendix C). The information collected consisted strictly of evaluations of lectures delivered in classrooms that were previously approved by the professors of such classes. The lectures were determined to be a normal educational practice relative to the class in which it was presented and the material was determined to be within the normal range of material to be covered in such classes. The lectures were incorporated into the syllabi for each class, and were considered a part of the course curriculum. Students who attended class on the day the lectures were scheduled were delivered the content as regular class material. Evaluation of the lectures was completely voluntary and anonymous, and completion of the evaluation implied consent. The evaluation was only used to evaluate the effectiveness of the project as an instructional tool, as well as the effectiveness of the delivery technique.
Role of the Researcher

As a survivor of CSA, and someone who knows many other CSA survivors, I was aware of the many difficulties and obstacles that CSA victims can face over the course of their lives. Though I am not an educational expert or professional, my firsthand experiences allowed me to be able to give meaningful information to participants on a more personal level.

As an undergraduate, I obtained my BA in Child Development at California State University, Sacramento. During the course of my academic career in the Child Development department I was required to take both CHDV 137 and CHDV 138, the courses in which I later presented the lectures. Prior exposure to these courses provided me with a certain level of background experience and knowledge about child development, as well as a personal understanding of the point of view of a student, which was beneficial in determining my target audience/participants. I was able to maintain objectivity during the delivery of the lectures because content was strictly theory and researched based, it was not derived from personal experience, and I did not know any of the participants.

Phases in Planning and Implementing the Project

Planning Phase

The first phase of the project entailed a thorough review of the literature in the areas most relevant to the project’s purpose. These areas included: (a) CSA, (b) children’s social-emotional and cognitive development, (c) Traumagenic Dynamics Model, and (d) identifying and reporting CSA.
In the second phase, the researcher planned the lecture series and developed the required materials. Once the dates and location for the lectures were secured, the researcher prepared the content for each lecture, consulted with professionals in the field of Child Development, collected other resources (e.g., video clips, activity materials), ordered relevant books and journals, and prepared materials for the lecture presentations.

**Implementation Phase**

In the final phase, the researcher presented the lectures to current and future professionals working with children. The lectures were presented in one section of CHDV-138 Children’s Social and Emotional Development on February 19th, 2013, and in one section of CHDV 137- Cognitive Development on February 20th, 2013. Each lecture was approximately one hour in length and was offered during the participants’ regularly scheduled class time and location.

In order to examine the effectiveness of the lecture content and delivery method, the researcher conducted a brief evaluation at the end of each lecture. The evaluations consisted of 4 open-ended questions and demographic information, as well as affording participants the opportunity for additional comments. The evaluation form used by the researcher is included in Appendix B. The results of the evaluations are discussed in Chapter 4.

**Content of the Lectures**

This lecture series was designed to highlight children’s developmental outcomes relative to CSA in two different developmental domains, social-emotional development and cognitive development. All lectures in the series included: (a) an introduction and
definition of CSA, (b) background information and statistics gleaned from current and relative empirical research, (c) a review of the Traumagenic Dynamics model, (d) CSA warning signs, (e) information on reporting CSA, and (f) CSA support agencies. Social-emotional and cognitive development specific information provided in the lectures is provided below.

**Social and Emotional Lecture**

The topic for the first lecture in this series focused on children’s social-emotional development and CSA, as well as information on CSA warning signs and reporting. The first item on the agenda was a brief definition and review of CSA, prevalence rates, and statistics. Next, the Traumagenic Dynamics model, a theoretical framework used to examine CSA, was defined and discussed. Next, social-emotional developmental outcomes relative to CSA and supporting literature were examined. Social-emotional outcomes discussed included: (a) attachment, (b) self-esteem, (c) anxiety, (d) depression, (e) romantic/sexual, (f) suicidal ideations/behaviors, and (g) emotional regulation. In addition, CSA warning signs, information on reporting CSA, and CSA support agencies were discussed. Furthermore, participants were afforded the opportunity to engage in two different hands-on activities related to CSA warning signs and CSA reporting, to aid retention of the material. Lastly, participants were given a voluntary and anonymous evaluation to complete in order to provide the researcher with feedback on the usefulness of the content and effectiveness of the delivery of material (see Appendix B). Time was allotted for discussion, as well as for completing the evaluation.
Cognitive Lecture

The topic for the second lecture in this series focused on cognitive developmental outcomes, and was similar in nature to the first lecture, differing only in the area of developmental outcomes. Cognitive developmental outcomes relative to CSA and supporting literature were examined. Cognitive developmental outcomes discussed included: (a) memory, (b) cognitive disorders (i.e., PTSD and MPD), (c) cognitive processing, (d) brain structure, (e) affective responses, (f) academics, and (g) academic achievement. Next, CSA warning signs, information on reporting CSA, and CSA support agencies were discussed. In addition, participants engaged in two different hands-on activities related to CSA warning signs and CSA reporting, to aid retention of the material. Lastly, participants were given a voluntary and anonymous evaluation to complete in order to provide the researcher with feedback on the usefulness of the content and effectiveness of the delivery of material (see Appendix B). Time was allotted for questions and discussion, as well as completing the evaluation.

Summary

These lectures provided current and future professionals working with children with: (a) theory and research-based associations between CSA and the areas of social-emotional and cognitive development, (b) CSA warning signs, and (c) information on reporting CSA. The content of the lectures incorporated a variety of activities that included power point presentations, interactive group activities, and group discussions.

This chapter has provided a description of the methods used to develop and present this lecture series. Materials related to the project are included in the attached
Appendices. The following chapter provides discussion and conclusions about the project, as well as future directions for its use.
Chapter 4

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

Discussion

Childhood sexual assault has been found to be associated with a plethora of negative social, emotional, and cognitive developmental outcomes for victims (Finkelhor & Brown, 1985, Neville et al., 2004, Porter et al., 2005). Goldman and Grimbeek (2009) argue that there is a substantial need for professionals to be equipped with the appropriate knowledge, behaviors, and skills necessary to deal effectively with CSA as well as reporting. The purpose of this project was to inform current and future professionals working with children about childhood sexual assault (CSA), developmental outcomes, warning signs, and reporting CSA. The lectures provided participants with theory- and research-based knowledge regarding CSA. The Traumagenic Dynamics Model was discussed and used as a theoretical lens for designing the content of the lectures.

According to Goldman & Grimbeek (2009) the best time to provide current and future professionals with CSA information, as well as address their competencies, and their knowledge of the scope and importance of reporting and detecting CSA is in universities. It is necessary to adequately equip these professionals with CSA and mandated reporting information because they are in constant and sustained contact with children and are ideally placed to identify and report abuse (Kesner & Robinson, 2002).
Current and future professionals were provided with extensive background information on CSA, and each lecture was designed to address domain-specific developmental outcomes associated with CSA. Mandated, as well as non-mandated reporting was discussed. Knowledge retention was reinforced with contextual examples, hands-on activities, and videos (Moody, 1994; Goldman & Grimbeek, 2009).

**Suggestions for Improvement and Implementation**

Information from the participant evaluation provided the researcher with a number of suggested ways for improving the project for future use. The evaluation was completed by a total of 81 participants who responded to the project evaluation: 38 who viewed the cognitive effects lecture and 43 who viewed the social and emotional effects lecture. Most of the participants were females, with only 6.17% (n = 5) of respondents identifying themselves as males, which is consistent with the enrollment of these classes. A total of 49.38 (n = 40) of participants stated that they currently work in education or early education, and 99% of all respondents identified a future career goal that directly involves working with children. In this evaluation, participants were asked open-ended questions about the content of the lectures, the usefulness of the lectures for their future careers, and lecture design, as well as providing participants with the ability to offer additional comments or suggestions they felt necessary.

Participants were asked what information from the lectures they found to be useful; 16.05% (n = 13) of participants reported that the most useful information the lectures provided them with was information pertaining to childhood sexual assault in general, 37.04% (n = 30) indicated that they found the information on CSA warning signs
useful, 14.81% (n = 12) stated information regarding CSA and developmental outcomes useful, 16.05% (n = 13) of participants found the studies and literature presented to be useful, and 28.40% (n = 23) identified mandated reporting information as being useful.

When asked about the usefulness of the information presented pertaining to future career goals 40.74% (n = 33) of participants stated that they felt they would be more informed about CSA, 12.35% (n = 10) felt they would be better able to detect CSA, while 20.99% (n = 17) noted that they felt they would be better informed about how to report CSA. Participants stated that the lectures were clear and easy to follow, as well as noting that the lecturer was knowledgeable about the subject material, clear, and easy to follow. Additionally, in the comment section some participants stated that they appreciated the lecturer providing this information and they felt that this issue should be discussed more often.

Additionally, participants were asked if there was anything they thought should be added to the lecture. A total of 12.35% (n = 10) of participants noted the need for more visual aids or color graphics in the delivery of the lectures, 9.88% (n = 8) of participants indicated that they would like to receive more information on the differences in outcomes associated with various types of abuse. Furthermore, 6.17% (n = 5) of participants noted they would like to receive more information on CSA resources and programs. Also, participants stated that they would like more guest speakers and professionals in the field of child development to present this sort of information.

Participants were also provided a space in the evaluation survey to share their comments or suggestions for improving the lecture presentations or content. A total of
44.44% (n = 36) of participants offered no suggestions for improvement, while 41.98% (n = 34) of participants offered compliments such as “good” or “great job”. A total of 4.94% (n = 4) of participants suggested adding visual aids to the power point slides, and 6.17% (n = 5) of participants commented on the speech and poise of the researcher.

Overall, participants in this lecture series responded well to the information provided, as well as the format and design of the lectures. This positive response suggests that the project could be used, in whole or in part, as a tool to inform professionals about CSA. However, any future uses of the project should incorporate the comments and suggestions made by the participants, as noted above.

There were other areas for improvement noted by the researcher. Changes in the presentation of these lectures would include more color and video examples into the Power Point presentations, as well as more hands-on activities. Also, a comprehensive list of California jobs that require employees to be mandated reporters would be provided.

**Limitations**

This project, although successful in many ways, is not without limitations. Although the researcher covered many pertinent topics relative to CSA and children’s development, there was not enough time to comprehensively cover every pertinent topic. An entire semester, or more, could be devoted to a thorough review of CSA and children’s developmental outcomes. These lectures only provided a brief overview of CSA and a handful of thoroughly researched topics related to such.
This project was also limited in terms of target audience and location. These lectures were specifically designed to be presented in Child Development classes, thus limiting the audience the project can reach. The TDM is a lifespan model that explains the effects of CSA on development over the course of a lifetime, not just childhood. Much of the information provided in the lectures is not specific to just children, and with some adjustments this lecture series could be used to inform many diverse populations of professionals about CSA, not just those working with children.

Additionally, access to the lectures was a limitation. Lectures were only presented to students who were currently enrolled in the classes in which the lectures were presented. The first lecture presented was in a televised distance education class going out to multiple locations, so more professionals had access to the information, but still only those who were currently enrolled as students in such classes and only those in the face-to-face section completed the evaluation. In order to address this limitation the lectures should be used in other colleges, universities, and agencies to provide CSA information to professionals who are or will be working with children, thus maximizing the project’s effectiveness.

A major limitation to this project was the lack of follow-up beyond the end of the lecture series to determine retention of material over a period of time. This follow-up would be useful for several reasons. First, a full understanding of the requirements placed on mandated reporters requires more explanation and training than could be provided in these few lectures. Current and future professionals should be encouraged to continue their education in CSA awareness and reporting. Second, follow up sessions
would help to insure that participants successfully retain and can use the concepts learned in the project. Learning new concepts and methods may be intimidating to some individuals, and a follow-up session may be beneficial for retention of concepts as well as for clarification of any concepts that are not fully understood.

Lastly, this project is limited in that the lectures were not piloted prior to delivery. The lectures both ran over the time allowed, and not all material could be sufficiently covered. Due to time constraints some of the slides and activities were not covered in as much detail as they could have been. In the Social and Emotional Lecture the group discussion ran over-time and participants did not get to watch a video that was part of the lecture presentation. More time should be allotted from the delivery of these lectures and the activities to ensure that participants receive the most attention and highest quality information possible.

Conclusions and Recommendations

Through creating this project the researcher provided current and future professional working with or serving children an understanding of methodology, developmental outcomes, identification, and reporting of CSA. Participants can use the information provided in these lectures to help identify and report CSA. Participants had indicated that the information presented in the lectures should be more readily and easily available to those working with children, yet it is not. Future use of this project may include expanding the target audience and locations to increase availability of the presented information. Possible guest speaking arrangements have been discussed with
local community colleges to present this information at Early Childhood Education workshops in the future.

Although these lectures were created for and presented in Child Development classes, much of the information provided was not specific to children. With some adjustments, this project, in part or in whole, could be used to inform many diverse populations of professionals, not just those working with children. This project was specifically designed to further educate current and future professionals about CSA and developmental outcomes associated with such. The lectures provided the most recent research on CSA warnings signs and reporting CSA, information that can be used to better prepare professionals to identify and provide support for CSA victims.
APPENDIX A

PowerPoint Presentations
Childhood Sexual Assault: Children’s Social and Emotional Developmental Outcomes

Tiffany Leathers
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What is Childhood Sexual Assault?

- The US Department of Health and Human Services Children’s Bureau (2010) defines Childhood Sexual Assault (CSA) as any type of maltreatment that refers to the involvement of a child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities (Pg. 133).
- (US Department of Health & Human Services, Children’s Bureau, 2010)

What is CSA Cont...

- There are many definitions of CSA.
  - This is part of the problem with researching CSA
  - Different states define CSA in different ways
  - Need a common definition

CSA Prevalence

- Figures estimate that approx 10% of child maltreatment cases reported each year involve a sexual element.
- 692, 000 Child maltreatment cases reported in the US in 2010; 9.2% involved CSA (US Department of Health & Human Services Children’s Bureau, 2010).
- There are over 60 million known survivors of CSA in the US (Dove & Milks, 2007)

Examining CSA

- The Traumatic Dynamics Model (TDM), provides a systematic way of understanding the effects that CSA has on victims throughout their lifespan.
- Traumatic Originating in Trauma
- Comprised of four traumatic dynamics
  - Traumatic Sexualization
    - Betrayal
    - Powerlessness
    - Stigmatization
  (Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005)

Traumatic Sexualization

- The shaping of a child’s sexuality in developmentally inappropriate ways.
- Both feelings and attitudes.
  - Rewards, gifts, privileges
  - Fear, harm
  - Notions of love
- Pervasive, manipulated, confused, distorted
- Age and severity related differences.
  (Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005)
Betrayal

- Abusers and family/friends
  - someone child is dependent on or trusts has caused harm
  - questioning the child's story
- Varies by degree and intensity
  - relationship to abuser
  - duration of abuse
  (Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005)

Powerlessness

- Rendering the victims powerless, a state of disempowerment
- Body is invaded
  - disregard for child's will, desires, territory
- Combined with coercion/manipulation
- Varies in terms of degree and intensity
  - believed or not?
    - force or threat
  - believed victims feel less disempowerment
  (Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005)

Stigmatization

- Negative connotations around the abuse
  - “damaged goods”
    - blame
- Become incorporated into child's self-image
- Communicated by abusers and/or others
- Varies in degree and intensity
  - age and blame
    - knowledge of taboos
    - religious beliefs about “purity”
  (Finkelhor & Brown, 1985; Finkelhor & Douglas, 2005)

Social/Emotional Outcomes

- Attachment
- Sexual Health and wellness
- Self-esteem
- Anxiety
- Depression
- Suicidal ideations/behaviors
- Emotion Regulation

CSA and Attachment

- Victims report more insecure attachment styles.
  (Rutter & Roche, 1995)
  - Most studies done with women
- Unstable relationships in adulthood
  - Trust issues (Smith et al., 2012)
- Two common unhealthy attachment behaviors
  - isolation or avoidance
  - hold onto unhealthy relationship
  (Finkelhor & Brown, 1985; Bartoz et al., 2000)

CSA and Sexual well-being

- Rise in revictimization rates
  - two out of three victims (Van Braggren et al., 2006)
- Sexual conduct (Lemieux & Byers, 2008)
  - dysfunctional, abstinence vs sexual behaviors
- Sexual schemas
  - attractiveness, ability, fear (Neville et al., 2004)
- Sexual self-esteem
  - control, judgment, intimate partner violence (IPV) and adult sexual victimization (ASV)
  (Chen, 2011)
CSA and Self-Esteem

- Self-esteem
  - Self-report (n=97) W. show those who report CSA are more likely to report poor self-esteem then those who do not. (Neville et al., 2004)
- Self-blame
  - Self-report (n=1154, MF) those who report CSA and poor self-esteem also report intimate partner violence (IPV) and adult sexual victimization (ASV), often don’t leave abusers or blame self for abuse (Chan et al., 2011).

CSA and Emotion Regulation

- Emotional regulation difficulties associated with CSA
  - Expressing and regulating
  - Registering emotional responses
  - Controlling impulsive behaviors
  - Difficulties with regulation strategy and implementation
- Difficulties with emotional regulation capacities is associated with difficulties in adult romantic, sexual, and social relationships (Rinfiniti et al., 2012).

CSA and Depression

- CSA victimization associated with increased risk for depression
  - Nearly 14% of all patients seeking mental health services had experienced CSA and depression (Cott et al., 2012)
- Less treatment responsive (Smith et al., 2012)
- Varies by degree and intensity
  - Victims who experienced higher levels of exposure to CSA were more likely to report a greater degree of depression; 2.4 times as much, (n=1000 MW)
  - Traumatic sexualization (Finan & Brown, 1985)
- Increased risk for conduct disorder, substance abuse, self-harm, and anxiety disorder. (Fergusson et al., 2008).

CSA and Self-harm

- CSA associated with increased risk for self-harm behaviors
  - Suicidal ideations; 5.8% of those who were CSA victims also reported suicidal ideations (n=1154, MF) reported CSA victimization (Chan et al., 2011)
  - Suicidal behaviors; 32% of those who attempted suicide (n=166, MF) reported CSA victimization (Sugarman et al., 2009).
- Relationship between CSA and self-harm behaviors/ideations mediated by factors such as
  - Poor self-esteem, victimization history, intimate partner violence (IPV) and adult sexual victimization (ASV).

Warning Signs

- Look different at different ages.
- Gender differences
- Activity - Groups of 3-4
  - Each group will receive two cards with warning sign behaviors
  - Determine which group(s) each of the cards belong(s) in
  - Tape the cards to the whiteboard in the appropriate group(s)

Warning Signs Cont...

- Younger children
  - Bed wetting
  - Thumb sucking
  - Unusual fears
  - Detailed knowledge of adult sexual behaviors
  - Talking about an "older friend"
  - Playing sexual games
  - Changes in typical mood/behaviors
  - Refusal to take off clothing at appropriate times
  - Changes in eating habits
  (Dove & Miller, 2007)
Warning Signs Cont...

- Older Children
  - Running away/ talking about running away
  - Keeping secrets with adults
  - Refusal to take off clothing at appropriate times
  - Receiving gifts or special attention from an adult
  - Self-harm behaviors
  - Changes in eating habits
  - Body image issues
  - Unusual or unexplainable changes in behavior
(Dove & Miller, 2007).

Physical Warning signs

- Some warning signs of CSA are physical. These warning signs may be more difficult to recognize:
  - Difficulty walking or sitting
  - Problems with genital areas
  - Trusting
  - Pain
  - Itching
  - Soiling underwear (not potty-training related)
  - Urinary tract infections
  - Sexual transmitted infections
(Dove & Miller, 2007).

Reporting CSA

- Child Abuse Prevention and Treatment Act (CAPTA): Federal legislation that provides the foundation for federal involvement in child protection and child welfare services. Amended in 1996, CAPTA provided for, among other things, annual State data reports on child maltreatment to the Secretary of Health and Human Services. The most recent reauthorization of CAPTA, The CAPTA Reauthorization Act of 2010, retained and added to these provisions.

- Child Abuse and Neglect Reporting Act
  - Mandated and protected by law — Who?
  - Liabilities

Reporting CSA Cont...

- [http://youtu.be/G7LUSpCY7Wc](http://youtu.be/G7LUSpCY7Wc)

CSA Support Agencies

- Support Agencies
  - WEAVE (local)
  - StopItNow.org
  - DarknessToLight.org
  - Childhelp.org
References


References Cont...


References Cont...


References Cont...

References Cont…


References Cont…

Childhood Sexual Assault: Children's Cognitive Developmental Outcomes

Tiffany Leather
California State University, Sacramento

What is Childhood Sexual Assault

- The US Department of Health and Human Services Children's Bureau (2010) defines Childhood Sexual Assault (CSA) as any type of maltreatment that refers to the involvement of a child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contact for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities (Pg. 133).

What is CSA cont...

- There are many definitions of CSA.
  - This is part of the problem when researching CSA
  - Different states define CSA in different ways.
  - Need a common definition

CSA Prevalence

- Figures estimate that approx. 10% of child maltreatment cases involve a sexual element.
- 695,000 child maltreatment cases reported in the US in 2012, 9.2% involved CSA
- There are over 80 million known survivors of CSA in the US

Examining CSA

- The Trauma-Focused Model (TFM) provides a systematic way of understanding the effects that CSA has on victims throughout their lifetime.
- Traumatic-Originating in trauma
- Comprised of four traumatic dynamics
  - Traumatic Sexualization
  - Abuse
  - Powerlessness
  - Stigmatization

Traumatic Sexualization

- The shaping of a child's sexuality in developmentally inappropriate ways.
- Both feelings and actions
- Rewards, gifts, privileges
- Fear, hurt
- Notions of love
- Falsified, manipulated, confused, distorted
- Age and severity related differences.
Betrayal
- Abusers and family/friends - someone the child is dependent on or trusts has caused them harm
- Questioning the child's story
- Varies by degree and intensity
- Relationship to abuse
- Duration of abuse
  (Pinkelthor & Brown, 1985; Pinkelthor & Douglas, 2005)

Powerlessness
- Rendering the victim powerless, a state of disempowerment
- Body is invaded
- Disregard for child's will, desires, territory
- Combined with coercion/manipulation
- Varies in terms of degree and intensity
  - Believed or not
  - Force or threat
  - Believed victims feel less disempowerment
  (Pinkelthor & Brown, 1985; Pinkelthor & Douglas, 2005)

Stigmatization
- Negative connotations around the abuse
  - "Damaged goods"
  - Blame
- Become incorporated into child's self-image
- Communicated by abusers and/or others
- Varies in degree and intensity
  - Age and blame
  - Knowledge of taboos
  - Religious beliefs about "purity"
  (Pinkelthor & Brown, 1985; Pinkelthor & Douglas, 2005)

Cognitive Outcomes
- Memory
- Cognitive disorders
- Cognitive processing
- Affect response
- Academics and academic achievement

CSA and Memory
- Distortion
  - as a coping mechanism
- Suppression
  - as a coping mechanism
- Age-related differences
  - Memory for the event
  - Ability to disclose CSA
  - Understanding of event
  - Consistency in recollection
  (Goodman-Brown et al., 2005; Gheit et al., 2002)

Stress and the Brain: CSA
- CSA associated with stress
- Prolonged periods of stress can alter brain regions such as:
  - Limbic structures, amygdala, left hippocampus, frontal lobe, temporal lobe
  - Impaired learning and memory
  (Porter et al., 2005)
Stress and the Brain - CSA Cont...

CSA and Cognitive Disorders

- Multiple Personality Disorder (MPD) - dissociative identity disorder is a severe form of dissociation, a mental process, which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity (Dictionary).
- Estimated that 75% of MPD patients are also victims of CSA (Mortin, 1994).
- Forgetting and/or loss of memory are common symptoms of MPD; Coping mechanism.
- Links between recovered memories from MPD patients and CSA - Prognosis (Grunert et al., 2009)

CSA and Cognitive Disorders Cont...

- PTSD (Post Traumatic Stress Disorder): a psychological reaction that occurs after experiencing a highly stressful event (wartime combat, physical violence, or a natural disaster) outside the range of normal human experience and that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event (Dictionary).
- Forgetting or suppression of memories common in reliving the event.
- Gender: intimate partner violence and adult sexual victimization age association - substance abuse, self-harm (Porter et al., 2009; Daughton & Hubert, 2009).

CSA and Academic Achievement

- More absenteeism - can be during and/or after the abuse.
- Grade retention - 25% of female CSA victims (n=104) had repeated a grade (Daughton & Hubert, 2009).

CSA and Cognitive Processing

- Affective response - an emotional response engaged in managing situations, elicited only after a certain amount of cognitive processing of information has been accomplished.
- Women who experience CSA are more likely to report negative affect responses to sexual situations and stimuli.
- CSA and trauma may lead victims to pair sex and sexual stimuli with negative affective affect.
- CSA victims were more likely to experience PTSD, a relationship that may explain an association between trauma-related cases and cognitive affective responses (Risini et al.; 2012; Risini et al., 2012b).

CSA and Academic Achievement

- Grades: 52% of female victims reported poor grades (n=100; Daughton & Hubert, 2009).
- Gender differences (Risini et al., 2012b).
- IQ - verbal IQ, deficit in victims.
- Risks against negative academic efficacy.
- High IQ, academic support; family cohesion; resilience (McCharn et al., 2006).
- Resilience - greater degree of resilience is associated with lower levels of stress and psychological distress for CSA victims. Associated with more effective academic and behavioral coping strategies (Daughton & Hubert, 2009; Buckle et al., 2005).
Warning Signs

- Look different at different ages
- Gender differences
- Activity - Groups of 3-4
  - each group will receive two cards with warning sign behaviors
  - determine which group each of the cards belong(s) to
  - separate cards to the worksheet in the appropriate group(s)

Warning Signs Cont...

- Younger children
  - Bed wetting
  - Thumb sucking
  - Unusual fears
  - Detailed knowledge of adult sexual behaviors
  - Talking about an "older" theme
  - Playing sexual games
  - Changes in typical mood/behavior
  - Refusal to take off clothing at appropriate times
  - Changes in eating habits (Dove & Miller, 2007)

Warning Signs Cont...

- Older Children
  - Running away / talking about running away
  - Keeping secrets with adults
  - Refusal to take off clothing at appropriate times
  - Receiving gifts or special attention from an adult
  - Self-harm behaviors
  - Changes in eating habits
  - Body image issues
  - Unusual or unexplainable changes in behavior
  - (Dove & Miller, 2007)

Physical Warning Signs

- Some warning signs of CSA are physical. These warning signs may be more difficult to recognize
  - Difficulty walking or sitting
  - Problems with genital areas
  - Irritation
  - Itching
  - Soiling undergarments (not potty-training related)
  - Urinary tract infections
  - Sexual transmitted infections
  - (Dove & Miller, 2007)

Reporting CSA

- Child Abuse Prevention and Treatment Act (CAPTA):
  - Federal legislation that provides the foundation for Federal involvement in child protection and child welfare services. Amended in 1998, CAPTA provided for, among other things, annual State data reports on child maltreatment to the Secretary of Health and Human Services. The most recent reauthorization of CAPTA, The CAPTA Reauthorization Act of 2010, retained and added to these provisions.

- Child Abuse and Neglect Reporting Act
  - Mandated and practiced by law - who?
  - Liabilities for not reporting

Reporting CSA

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<th>Occupation</th>
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<th>Not</th>
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<td>Teacher</td>
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<tr>
<td>After-school aid</td>
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<td>Family Life specialist</td>
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<td>Barn/Inn</td>
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<td>Mentor</td>
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</table>
Reporting CSA Cont...

- http://www.heida-turner.org

CSA Support Agencies

- Support Agencies
  - W.I.A.V.E. (Local)
  - Stepfamily.org
  - Daramecochildren.org
  - Childhelp.org

References


References Cont...


References Cont...

References Cont…


References Cont…


APPENDIX B

Evaluation
My name is Tiffany Leathers, I am a MA student in Child Development. As part of my culminating project I have developed these lectures on Childhood Sexual Abuse. As a student in a class where I am piloting these lectures I would appreciate you providing some feedback on them. Your participation is completely voluntary and answers will be anonymous. Return of this evaluation form implies consent.

Evaluation

(Please Explain)

1. What information did you find useful?

2. How do you see this information being helpful in your future career?

3. Is there anything you would like to see added to the program?

4. Additional comments or suggestions?

Demographics (Please circle one)

1. Age range:  18-24  25-30  31+

2. Gender:  Male  Female

3. Do you currently work in education/early childhood education:  Yes  No
   If yes, what is your current career?

4. What is your education goal?  Bachelors  Masters  Doctorate

5. Future career goal?
APPENDIX C

Human Subjects Approval Letter
Department of Child Development
Committee for the Protection of Human Subjects

October 31, 2012

To: Tiffany Leathers

From: Juliana Raskauskas, Chair
Child Development Committee for the Protection of Human Subjects

RE: CSA: What current and Future Professionals Need to Know

Your protocol received administrative review on October 31, 2012 and was approved as “Exempt.” The exemption is made pursuant to 45 CFR 46.101(b)(2). The approval applies to the conditions and procedures described in your protocol. Your approval expires on October 31, 2013.

Approval carries with it the understanding that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

If you need any further information about the use of human subjects, please contact me at 916-278-7029.

Thank you.

Best Regards,

Juliana Raskauskas, Ph.D.
Associate Professor
Department of Child Development
References


