The impact of sexual abuse on student performance

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Abstract
Child sexual abuse is a prevalent societal problem. Up to twenty five percent of children have been abused by the age of eighteen. Victims are significantly impacted academically, socially, and behaviorally. School counselors assume counseling, consulting, and coordinating roles as they assist victims, present prevention curriculum, and act as a referral source.

This paper addresses how sexual abuse affects victims and how counselors can assist victims in developing coping skills and increasing self esteem. In addition, how counselors can help foster a sense of belonging and safety for victims in the school setting will be described, with emphasis on how school counseling is an important part of healing for victims of sexual abuse, even if they are referred to an outside agency for more intense counseling.

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THE IMPACT OF SEXUAL ABUSE ON STUDENT PERFORMANCE

A Research Paper

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Denelle M. McWherter

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Child sexual abuse is a prevalent societal problem. Up to twenty five percent of children have been abused by the age of eighteen. Victims are significantly impacted academically, socially, and behaviorally. School counselors assume counseling, consulting, and coordinating roles as they assist victims, present prevention curriculum, and act as a referral source. This paper addresses how sexual abuse affects victims and how counselors can assist victims in developing coping skills and increasing self esteem. In addition, how counselors can help foster a sense of belonging and safety for victims in the school setting will be described, with emphasis on how school counseling is an important part of healing for victims of sexual abuse, even if they are referred to an outside agency for more intense counseling.
Sexual abuse is becoming a more prevalent problem among children and teenagers (Angelica, 2002). The impact that it has on students' academic performance, social skills, and ability to develop relationships is tremendous. Sexual abuse has been linked to higher incidences of depression, anxiety, PTSD, low self-esteem, bulimia, behavioral disorders, substance abuse, and suicidal ideation (Shinn & Toohey, 2000). The rates of child sexual abuse are alarming, ranging from 1 in 4 girls being abused by the age of eighteen to 1 in 6 boys being sexually abused by the age of eighteen (Angelica, 2002). These statistics become even more startling in looking at adolescents. Many times society perceives the risk for adolescents to be less than for children, but that is not always the case. In two different studies of confirmed cases of sexual abuse it was found that between 36% and 41% of the victims were older than twelve years old (Angelica, 2002).

The devastating fact is that as few as one third of sexual abuse victims will tell someone, and sometimes the most severely affected children are the least likely to tell (Cruise & Horton, 1991). As a result, it is difficult to have an accurate account of how severe child sexual abuse is in our society (Cruise & Horton, 1991). The problem is compounded because boys have not been socialized to talk about their problems and therefore are the least likely to talk about being abused (U.S. Dept. of Health, 1996). Furthermore, the data is inconsistent because people compiling data use different definitions for sexual abuse when gathering statistics (U.S. Dept. of Health, 1996).

Along with the varying statistics regarding the prevalence of sexual abuse there are also differing definitions of sexual abuse, including criminal and clinical definitions. Clinicians differentiate between abusive and non-abusive acts and define these by power
differentials, knowledge differentials, and gratification differentials (U.S. Dept. of Health, 1996). The clinical definitions are broader than the criminal definition, which is an act by an adult that involves youth in sexual activity to provide sexual gratification or financial benefit to the perpetrator (Kimball & Golding, 2004 p. 3). Although all states vary in their child sexual abuse laws, all states define sexual abuse by the minimum definition of the Child Abuse Prevention and Treatment Act (Mitchell & Rogers, 2003), which is as follows:

"The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, and in the cases of caretaker or other inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children or incest with children." p. 333

The key to distinguishing child sexual abuse from other sex crimes is that the perpetrator is in a custodial or caretaker role (Mitchell & Rogers, 2003).

After looking at the statistics, it is evident that in every school classroom there is a high probability of at least one sexual abuse victim. Schools assess and evaluate student success based on academic performance much of the time, so it is important that school counselors and staff understand the impact that sexual abuse can have on a child across all areas of his or her life. The purpose of this paper is to address the impact of sexual abuse on students' performance in the school setting, including academics, social
interactions, and behavioral issues. The author will also address how school counselors can help victims and what can be done to lessen the impact on student performance.

Impact on Performance

One important fact about child sexual abuse is that it is an experience, not a disorder or syndrome. Although it creates a significant amount of stress for a child, both before it has been reported and afterwards that can lead to disorders or syndromes, is not a disorder in itself (Berlinor & Finkelhor, 1995). When children are under stress they manifest it in several different ways, including temper tantrums, decreased academic performance, altered interpersonal relationships, and/or regression to behavior from an earlier age (Edwards, Gfroerer, Flowers & Whitaker, 2004). It is important to remember, though, that there is no single child abuse syndrome or a common characteristic found in all victims (Horton & Cruise, 1991). There seems to be no universal effect on all children, but some have debilitating effects and up to 40% appear asymptomatic (Berlinor & Finkelhor, 1995). Sexual abuse impacts students in a variety of ways including physical, emotional, academic, social, and behavioral ways.

Physical Impact

Sexual abuse may cause physical injuries, but this is the exception rather than the norm. Many times a child will have somatic complaints such as headaches, stomachaches, or irritable bowel syndrome. Some victims will also regress in mastered developmental milestones such as bedwetting. They may also display disturbances in their eating and sleeping patterns (Horton & Cruise, 1991).
Emotional Impact

One of the most obvious symptoms of sexual abuse is a quick or drastic change in behavior, making poor choices, or significant change in mood. Some victims may become very quiet and sad, while others may become very angry and do things they wouldn’t have done before. Others may have difficulty sleeping, feel frightened, become apathetic, and lose interest in usual activities. In addition, victims have a sense of worthlessness (Pledge, 2004).

It is important to note that victims of sexual abuse may have as much as four times greater lifetime risk for major depression than an individual who has not suffered sexual abuse (Berliner & Elliot, 1996). Another significant emotional impact is related to guilt. Victims feel guilty about keeping “the secret” of the abuse and feel responsible for the abuse occurring. Victims of sexual abuse tend to have chronic feelings of helplessness and hopelessness, as well as impaired trust and low self-esteem (Briere & Elliot, 1994).

Sexually abused children are more likely to be diagnosed with or display symptoms of Post Traumatic Stress Disorder (PTSD), such as fear, anxiety, flashbacks, and lack of concentration (Berliner & Elliot, 1996). Anxiety, fear, and other phobias related to the abuse can develop either during or after the abuse. Most victims do experience some sort of trauma reaction to the abuse, these reactions may range from minor to intense to life altering (Angelica, 2002).

Academic Impact

Many abused children are seriously distressed, anxious, fearful, and depressed. This unhappiness may lead to acting out in the school setting. Sexual abuse can cause emotional and cognitive impairments which have a significant impact on a child’s ability
to concentrate in school, therefore weakening his or her academic performance (Myers, 1998). Abused adolescents may have trouble sleeping, which results in a lack of ability to concentrate in school. They may also feel like they don’t care about things as much as they would before and therefore neglect their school work (Pledge, 2004).

Social Impact

The social impact on victims can have long term effects that relate to how individuals function in life. Many times children feel guilty and have a “damaged goods” (U.S. Dept. of Health, 1996, p. 20) syndrome, feeling that they are no good after being abused. After being abused, children feel betrayed, which in turn has a devastating effect on their ability to trust adults. This effect is even worse when the perpetrator is a parent. If the perpetrator was a person in authority, victims may have problems trusting others in authority positions (U.S. Dept. of Health, 1996).

Victims of sexual abuse tend to exhibit less social competency and more social withdrawal than non-victims. Difficulty learning how to act autonomously and form stable relationships may be disrupted after being abused, which can lead to interpersonal problems both in childhood and later in life (Berliner & Elliot, 1996). The lack of social competency may interfere with a child’s ability to develop and maintain friendships.

Adolescents victims of abuse can be impacted greatly in their social lives. They tend to have more sexual partners than non abused peers and have higher rates of drinking and drug use. Female victims tend to believe their bodies are dirty, disgusting, or unclean and they don’t care what happens to them, which leads to promiscuity or teen prostitution (Angelica, 2002). Problems with eating such as self induced vomiting or
laxative use has been connected to sexual abuse as well, which can lead to eating disorders (Kimball & Golding, 2004).

**Behavioral Impact**

Victims of sexual abuse are impacted behaviorally as well. Victims may exhibit developmentally inappropriate sexualized behavior, sexual play, preoccupation or obsession with sex, inappropriate sexual knowledge, excessive masturbation, or sexually aggressive behavior (Horton & Cruise, 1991). Sexualized behavior is more common among sexually abused victims than victims of other types of abuse and can be the cause for interpersonal rejection and punishment when and if it escalates to the victimization of other children (Berliner & Elliot, 1996). Victims can also have aversive feelings about sex, sexual identity issues, overvalue sex, or exhibit provocative behavior.

There are other behavioral indicators and impacts of sexual abuse that are not directly related to sex. Self mutilation, risk taking, substance abuse, and suicidal gestures can all be indicators of sexual abuse (U.S. Dept. of Health, 1996). There seems to be a relationship between sexual abuse and substance abuse among adolescent survivors. Briere and Elliot (1996) reported on many studies suggesting that victims use sustained drug and alcohol use to anesthetize painful emotional and cognitive states brought about by their abuse. In another study of problems associated with abuse, Kimball and Golding (2004) found that victims of sexual abuse had a higher rate of running away from home, greater aggressiveness, drank more heavily, used more drugs, had more sexual partners, had more problems with eating, and thought more about and were more likely to have attempted suicide than their non-abused counterparts.
Many adolescents try to communicate about their abuse through acting out behaviors rather than words. However, many observers misinterpret these cries for help as carelessness or rebellion because they are viewing through the stereotypical lens of the difficult adolescent.

Many sexually abused children also become involved with the criminal justice system. In fact, being a victim of sexual abuse increases a child's chances of future criminal delinquency by forty percent (Widom, 1995). Although victims are not generally arrested for sex crimes or other crimes at a higher rate, they do have a greater risk of being arrested for prostitution (Widom, 1995).

Interventions for Victims

Many times when a child abuse victim discloses, it is either by accident or intentionally after an educational program presented at school. When this occurs it is important that school personnel should only question students enough to determine if an abuse report needs to be made (Cruise & Horton, 1991). Victims of abuse tend to build walls to hide family secrets or abuse, so it is imperative that when a victim discloses information, the counselors examine and help break down those walls so the victim may feel safe in their educational environment (Melton, 2004). In these cases confidentiality beyond reporting to the appropriate professionals is important. The victim needs to trust the counselor in order to feel safe enough to disclose any further information.

Adolescent victims of abuse sometimes have more difficulty receiving assistance than younger victims. Consequently, there is a much greater need to employ developmentally appropriate interventions. One of the reasons that adolescents have difficulty receiving services is because of societal views (Smith, Thornberry, & Ireland,
Society can sometimes blame an adolescent victim for the abuse because of the perception that the victim can protect him or herself. They may also believe that an adolescent asked for it, initiated it, or consented to the abuse since they did not fight or run (Angelica, 2002). Therefore, the school can be the entity that helps assure the adolescent victims are not blamed (Smith, Thornberry, & Ireland, 2004). Adolescent victims may be confused about what has happened to them. They have the ability to possess sexual feelings and thoughts; however, due to their emotional immaturity and cognitive limitations, they may have difficulty telling the difference between purposeful sexual activity and activity in which they may have been manipulated or coerced (Angelica, 2002). More than anything, adolescent victims need to be supported and reassured that the abuse was not their fault and that they could not have nor should have had to do anything to stop the abuse (Pledge, 2004).

How Counselors Can Help

Counselors work in many different roles within a school. When they are working with a victim of sexual abuse these roles may include counseling, consulting, and coordinating roles. The counselor is responsible for working with many different people including the victim, teachers, outside agencies, and at times law enforcement.

Counseling. When a child is victim of “intra-familial sexual abuse” (Horton & Cruise, 1991, p. 125), the school setting often constitutes the only opportunity for this form of sexual abuse to be identified, detected, or reported (Horton & Cruise, 1991). Even though the victim may not receive therapy in the school setting, there are several ways the school can positively impact the victim. Creating a safe, nurturing environment is one of the most imperative interventions a school counselor can provide for a victim of
abuse. Empowering students by helping them develop skills to increase self esteem is another way counselors can impact students (Melton, 2004). The school setting is one that can feel normal for victims; they can do the things that other children are doing such as playing sports, participating in extracurricular activities, and doing well in school. Counselors can have a huge impact with victims by helping them make connections to these activities, which helps give them of sense of belonging and decreases the sense of isolation that being victimized creates (U.S. Dept. of Health, 1996). For adolescent victims, one of the most important ways to counteract the negative effects of sexual abuse is to interact with a trustworthy adult who provides consistent empathy, care, and attention. (Angelica, 2002). Counselors can create safe office areas that victims may come to when feeling overwhelmed or just need a break. This alone can have a positive impact on victims (Horton & Cruise, 1991).

Small groups offer another avenue for victims of sexual abuse. Child abuse victims, especially adolescents, sometimes feel more comfortable in a small group setting with other victims. Many times a small group is less intimidating for victims as opposed to meeting one on one with a therapist. In a group, victims don’t have to speak until they feel comfortable and there isn’t the pressure to share like someone may feel during individual counseling (Angelica, 2002). These groups help them to understand that they are not alone in their situation, and meeting other victims allows them to make a connection with others who have experienced something similar, therefore diminishing the sense of a stigma attached to being a victim (Berliner & Finkelhor, 1995). Many times victims feel very isolated and alone before joining a support group; by joining they
can develop a close group of supportive people who can help them when in distress (Angelica, 2002).

Research conducted by Cohen and Mannarino (1992) found that children exposed to both individual and group abuse-specific approaches for therapy lasting at least twelve months made greater improvement than children participating in a “non-directive supportive therapy” (p. 1420). This type of treatment allows victims to make a connection between their abuse and their current distress. They are able to understand that the distress is a logical reaction to an aversive experience (Berliner & Finkelhor, 1995). Many times victims of abuse need someone to believe in them, respect them, and care for them so that they may be able to believe in themselves, respect themselves, and move forward on their own behalf (Angelica, 2002).

A large part of a school counselors’ time can be spent working on prevention of sexual abuse within classrooms. There are many prevention programs that focus on teaching young students about what are appropriate touches, inappropriate touches, private parts of their body, and how to resist someone giving them an unwanted touch. Even preschool students can be taught these concepts using developmentally appropriate tools. Happy Bear is one program that teaches this; he is a life size bear who teaches students the correct names of their private areas (Lawler, Schrock, Ryan & Leavitt, 2003). Happy Bear also teaches that no one should touch them anywhere there swimming suit covers. Other programs utilize puppets to engage students while reinforcing the concept of what to do if a “bad touch” were to occur (Lawler, Schrock, Ryan & Leavitt, 2003, p. 3). These prevention curriculums can be reinforced every year to ensure students’ knowledge of what an unwanted touch is, how to resist it, and what are the appropriate
actions to take if they are touched sexually. Though prevention programs do not guarantee that a child will not be abused it does decrease the chances by educating the child about their body, appropriate interactions with an adult, and the differences between good secrets and bad secrets (Lawler, Schrock, Ryan, and Leavitt, 2003). When time is an issue, trying to reach all students with a prevention message can be difficult. However, there are community agencies which may include child abuse prevention programs that can assist. They are willing to come in and teach no, go, and tell programs to students.

**Consulting.** In the school setting, it was found that teachers are aware of child abuse and the general issues surrounding it but did not have specific knowledge of how to assist a child who has been abused (Reyome & Gaeddert, 2004). This is in part due to the fact that training on this topic is generally very short. Although some teachers considered adolescent sexual abuse to be the most serious form of abuse for adolescents, they did not feel prepared to meet the challenge of working with students who have been sexually abused (Reyome & Gaeddert, 2004). This is another reason that information about the impact of sexual abuse should be shared with educators and others who work directly with students. Teachers can have a very positive impact on victims by showing special interest and taking time to listen to them. Because trust quality is broken when they are abused, adolescents must have clearly defined expectations in order to rebuild that trust. Teachers and counselors can help rebuild a victim’s trust in others by setting clear expectations, having clear communication, and paying attention to simple interpersonal interactions (Angelica, 2002).

Counselors may also consult with parents of victims of abuse. It is imperative to convey to parents the significant importance of parental support and how it is positively
related to recovery. Decreased parental support is connected to increased symptoms. Often adolescents display acting out behaviors while trying to communicate about their abuse. Too often this is merely seen as a difficult adolescent and their cries of help are misinterpreted. Parents need to be encouraged to openly communicate with their adolescents and create an environment where they feel comfortable to share their feelings (Angelica, 2002).

**Coordinating.** Due to the diversity of symptoms child abuse victims’ experience, it is unlikely that any one particular treatment will work for victims (Berliner & Finkelhor, 1995). A victim of abuse may work with a mental health counselor individually to process many aspects of the abuse. There are generally other community resources that a school counselor can refer a victim of abuse to. Many times community resources can assist the school counselor in developing a strong support system for the victim and improve the social issues the student may be experiencing. Family therapy may be another option for victims of sexual abuse, especially when the perpetrator is a family member or close friend.

There is a real need for criminal justice and social service agencies to work together to take a proactive and preventative approach to stopping the cycle of abuse. The relationship between abuse and future delinquency is too strong to not work together (Widom 1996).

**Conclusion**

Child sexual abuse has been a societal concern for a long time. After reviewing the literature it is evident that there are wide ranging negative effects on victims, including academic, social, emotional, behavioral, and physical ramifications. With close to twenty
five percent of girls being victimized by the age eighteen, it is important to know how to assist students in the school setting. Many times educators disregard the child who misbehaves or withdraws when that student may be the one who needs the most attention and assistance because they have been abused. The emotional weight that victims carry with them each day even while at school is overwhelming. It is not surprising to see how many behavioral indicators there are for victims of abuse. They are crying out through their behavior for someone to help them.

Educators spend more waking hours a day with students than their parents do. It is imperative that people who work in the school setting know how to identify students who may be victims of abuse and what interventions are available to help them. Counselors have a responsibility to assist victims in feeling safe and secure, connecting them to appropriate outside resources, and following up to make sure their needs are being met. School may be the only safe, nurturing place that victims have. By being knowledgeable about this topic, educators and counselors can do more than just be a safe place; they can assist a victim in healing as well.
Bibliography


