Influences of the "Sexual Abuse" Label on Expectancies among Professionals Working With Children: Implications for Treatment and Further Research

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Introduction

Given the extent and severity child sexual abuse (CSA), it has received substantial coverage and attention over the last 20 years by the media, mental health care professionals, law enforcement personnel, the lay public, the legislature, and the judiciary. This increased attention and awareness of CSA has also acted as a catalyst for a dramatic increase of research focused on different aspects of CSA (National Center on Child Abuse and Neglect, 1996; U. S. Department of Health and Human Services, 2000).

Although the empirical literature on CSA is characterized by various shortcomings and methodological limitations, the prevailing conclusions reached in the clinical literature have been that of negative correlates and symptomatologies associated with childhood sexual abuse (e.g., Kendall-Tackett, Williams, & Finkelhor, 1993; Rind, Tromovitch, & Bauserman, 1998). Given the significant prevalence and salience of CSA, and the heightened attention it has received in recent history, "sexual abuse" has become an often heard term in our society, and one which is loaded with connotations and expectations. The frequent and intense attention placed on CSA has fostered the production of a labeling phenomenon for the term "sexual abuse," which has been characterized as "a powerful and emotionally laden label" (Bromfield, Bromfield, & Weiss, 1988, p. 96).

Given this potential for "sexual abuse" to function as a label, the variety of individuals who come in contact with children who have been sexually abused may be subject to altering their expectations and/or manner of interacting with the child based solely on the label. In addition to any direct, negative effects of CSA there may also be an additional impact from the label itself. The sexually abused child's extensive interaction with a wide array of adults may be providing a big dose of negative expectancies, which in turn may be fostering an environment with iatrogenic potential (e.g., Briggs, Hubbs-Tait, Culp, & Morse, 1994; Browne & Finkelhor, 1986a; Bromfield et al., 1988).

In previous efforts to advance both clinical and research endeavors, Holguin and Hansen (In Press, *Aggression and Violent Behavior)* have outlined a working theoretical model constructed from a foundation incorporating the deep and heavily supported lines of research pertaining independently to labeling and child sexual abuse. This working model ties concepts and theoretical underpinnings of the social psychology, educational, and related literatures regarding expectations, biases, and labeling, and proposes how such phenomena may act as influential pathways leading to an increased potential for the negative outcomes highly cited in the CSA literature.

This poster examines hypotheses related to the existence of a "sexual abuse" label and whether such a label affects expectancies for future adjustment of CSA victims within a variety professionals who work with or are exposed to victims of child sexual abuse. Given the literature base in areas other than CSA which has provided support that labeling may produce negative expectations, it is hypothesized that the sexual abuse label will result in professionals expecting less of children who were sexually abused than those who had other types of stressful experiences. The implications of an examination of childhood sexual abuse within a labeling framework may be a broader and more holistic understanding of the sequelae associated with CSA, which can in turn help guide future treatment.

Methods

Participants

The total sample consisted of 309 professionals from a variety of different disciplines associated with child sexual abuse (e.g., mental health providers, law enforcement, legal profession, CPS personnel, etc.). The participants of the study were active members of the American Professional Society on the Abuse of Children (APSAC). Participants were recruited through the use of a current APSAC mailing list.

Of the 309 APSAC members who participated in the study and responded to dependent measures, 306 provided information related to their personal and professional backgrounds. The total sample consisted of 80.6% females and 18.4% males. With regard to ethnic composition, 86.4% were Caucasian/European American, 2.9% were African American, 2.3% were Hispanic American, 1% were Asian American, 0.6% were Native American, and 5.9% were "Other"/Biracial. The age range of the sample was 20 through 78 years of age, with a mean age of 45.14 (SD = 10.15). 65.4% were married, 20.1% were single, 10.4% were divorced, 1.9% were widowed, and 1% were separated. 67.5% of the participants had children and 31.5% did not.

Regarding educational background of the sample, 3.6% had an Associate's degree, 11.7% had a Bachelor's degree, 19.7% had a Master's degree, 23.6% had a Master's of Social Work, 0.3% had a Master's of Legal Studies, 6.8% had a Jurist Doctorate in Law, 18.4% had a Ph.D., 9.8% had a M.D., and 9.8% characterized their educational background as "other". Notably, 4.5% of the participants indicated a maximum educational attainment with two degrees at a similar level (e.g., M.D. and Ph.D., J.D. and Ph.D., etc.).

With regard to the participants' current professional field, 36.9% characterized their work as the mental health field, 13.3% were Child Protective Services employees, 6.5% were in law, 4.9% were in the law enforcement field, and 49.2% characterized their current professional field as "other". The number of years practicing in their respective professional fields ranged from 0 through 35 for the participants, with the mean number of years practicing being 14.19 (SD = 8.87). The numbers of hours per week in which participants spent working with sexually abused children ranged from 0 through 60, with the mean number of hours being 12.33 (SD = 14.27).

Design

Participants were exposed to vignettes describing hypothetical children who were subject to one of the three following types of stressors: sexual abuse, parental divorce, or a recent loss of sleep. Vignettes in the present study were constructed to be relatively ambiguous so as to leave interpretation of the "details" of each case scenario solely up to the participant. Brief background information is provided that is intended to portray the youth as "average" compared to their peers in school. Each vignette goes on to portray an incident involving the youth and a peer that resulted in the youth being sent to the school counselor. These incidents are not described in any detail, so as to leave the specifics up to the imagination of the participant. Finally, each vignette briefly describes an interaction between the youth and the school counselor in which the youth divulges that he/she has been subject to one of the previously mentioned stressors. No information is provided relative to the frequency, duration, level of intensity, or other qualitative aspects regarding the stressor so as to allow the participant to interpret the ambiguous information with whatever perceiver bias (e.g., labeling effects) he/she may develop. Overall, the vignettes are brief but descriptive enough to provide participants with adequate information on which to form opinions and perceptions regarding their expectations of future adjustment for the hypothetical child or adolescent.

This study employed a 2 x 2 x 3 factorial analysis design. The analysis had age, gender, and type of stressor (i.e., sexual abuse, parental divorce, recent loss of sleep) as the independent variables which were manipulated. The hypothetical vignettes depicted a male or female child or adolescent who is either nine or fourteen years of age, and who recently experienced one of the aforementioned type of stressors. The criterion variables measured from these vignettes included

expectations regarding the hypothetical children across various dimensions of future emotional, social, academic, and behavioral adjustment, including school performance, family and social functioning, internalizing and externalizing problems, and potential for risky behaviors (e.g., sex, alcohol/drug use, crime).

Measures

Demographic questionnaire . Prior to reading the vignette, each participant completed a background and demographics questionnaire. The questionnaire requested information regarding the participant's educational background, professional field, years practicing in respective field, approximated time of work with sexually abused children, age, gender, race, and marital status. The questionnaire also assessed whether the participant has children and the gender and age of their children.

Criterion measures. Participants completed all criterion measures after the vignettes had been read. Criterion measures included a number of scales that were constructed for use in the present study as well as their use in ongoing research related to the effects and treatment of sexual abuse. There is currently no published psychometric information available for these measures.

The first of these measures is the General Expectancies Scale (GES). This measure was adapted from the Parental Expectancies Scale (PES), which was developed for ongoing research efforts involving nonoffending caregivers of children and adolescents who were sexually abused. This measure is designed to assess expectancies for a single child or adolescent, as compared to other peers, across typical dimensions of development and adjustment (e.g., schoolwork, emotional adjustment, communication) over the next six months. This instrument utilizes a 10-point Likert-type scale to rate the child/adolescent across 15 dimensions (i.e., 15 items) in a range from "much better than most other children" to "much worse than most other children." The GES is scored by adding up the score of each of the 15 different items, resulting in a total score ranging from 15 to 150. A higher total score correlates to more negative expectations across the 15 dimensions of development and adjustment.

The second non-validated measure is the Potential Maladjustment Inventory (PMI). This instrument was, like the GES, designed to assess expectancies for a single child across multiple dimensions over a six-month period, as compared to his/her peers. However, the dimensions chosen represent signs and symptoms atypical or indicative of maladaptive development or adjustment (e.g., depression, alcohol and drug use, criminal behavior). This instrument utilizes a 10-point Likert-type scale to rate a child/adolescent across 10 dimensions ranging from "far fewer problems than most other children" to "far more problems than most other children." The PMI is scored by adding up the score of each of the 10 different items, resulting in a total score ranging from 10 to 100. A higher total score correlates to more negative expectations across the 10 dimensions of signs and symptoms indicative of maladaptive development or adjustment.

Procedure

Participation was sought by sending a recruitment letter via electronic-mail (i.e., e-mail) to those APSAC members who had an e-mail address listed on the APSAC mailing list (1,851 members). For those APSAC members who decided to participate in the study, clicking on the link in the recruitment letter took them directly to the study. After reading the consent form, participants were provided with one of the twelve vignettes, followed by the different criterion measures to complete. The last portion of the web-based study included the demographics questionnaire, other follow up measures not examined in the present poster, and a debriefing form. The final participation rate was approximately 17%. This rate is an approximation given that it is impossible to determine how many of the participants that had an e-mail sent to them did not receive it (i.e., incorrect address, internet/technical error, etc.).

Results

Vignette distributions among participants

Three hundred nine participants completed all dependent measures after being exposed to a randomly assigned vignette on the web site. The number of participants completing measures for each of the 12 vignettes ranged from 19 to 37. Regarding distribution of the gender condition, 157 of the participants (50.8%) responded to the female vignette condition while the remaining 152 (49.2%) responded to the male vignette condition. Regarding the distribution of the age condition, 164 of the participants (53.1%) responded to the 9-year-old vignette condition while the other 145 (46.9%) responded to the 14-year-old vignette condition. Lastly, with regard to the level of stressor condition, 90 participants (29.1%) responded to vignettes in which the hypothetical youth indicated losing sleep, 124 participants (40.1%) responded to vignettes in which the youth indicated that their parents were divorcing, and the remaining 95 participants (30.7%) responded to vignettes in which the hypothetical youth indicated they had been "sexually abused."

Influence of Level of Stressor and Possible Interactions with Gender and Age on Expectancies

A three-way between groups factorial multivariate analysis of variance (MANOVA) was conducted to examine the main effects and interactions of the independent variables as they related to the level of expectancies as rated by the participants as the total score on the GES and PMI. The three factors utilized in the 3 x 2 x 2 MANOVA included: (a) level of stressor indicated by hypothetical youth (no sleep, parent's divorcing, sexually abused); (b) gender of hypothetical youth (male, female); and (c) age of hypothetical youth (9-year-old, 14-year-old) as presented in the vignette. Each factor represented a between subjects factor of which a single variation of each was presented to each participant. MANOVAs for overall expectancies are presented in Table 1.

Table 1. Multivariate Tests for Overall Expectancies

Condition	Wilk's Lambda	F	df	error df	p	eta
Level of Stressor (S)	.77	20.88	4	592	.000	.034
Vignette Gender (G)	.99	1.17	2	296	.311	.004
Vignette Age (A)	.98	3.37	2	296	.038	.011
Interaction (S x G)	.99	1.08	4	592	.367	.002
Interaction (S x A)	.99	.67	4	592	.613	.001
Interaction (S x G x A)	.99	.92	4	592	.451	.002

It was hypothesized that participants would indicate significantly lower general expectancies and more negative expectancies for sexually abused youth than for youth whose parents are getting divorced or those who lost sleep. Interactions between level of stressor, gender, and age were also examined to assess whether expectancies would be significantly more negative for younger females across each level of stressor than for older males. There was not a significant 3-way interaction involving overall levels of expectancies. There were also no significant 2-way interactions between level of stressor and either gender or age for overall expectancies. However, there were significant multivariate main effects for level of stressor and age. Because the effect of age itself on levels of expectancies was not of interest to the present study, the main effect of the age condition was not examined further. It would appear as if adolescents were assigned more negative expectations than children by the participants in this study. The main effect of level of stressor on expectations is of primary interest in this study and warrants detailed follow up. This main effect lends initial support to the hypotheses regarding significant differences between expectancies for youth who have been labeled as "sexually

abused" versus those who have indicated parental divorce and those who have reported recent sleeping problems.

Univariate analyses on the effect of level of stressor condition were conducted for both the GES and PMI. Results for the GES indicate a significant difference in expectancies for general functioning between stressor conditions, $F(2, 297) = 39.3$, $p < .01$, $Mse = 251.1$. Results for the PMI indicate a similar significant difference in expectancies, $F(2, 297) = 29.4$, $p < .01$, $Mse = 108.8$. Means and standard deviations for GES and PMI total scores across each level of stressor are presented in Table 2.

Table 2. Mean Total Scores on GES and PMI by Level of Stressor

	No Sleep (N = 90) M (SD)	Parents Divorcing (N = 124) M (SD)	"Sexually Abused" (N = 95) M (SD)
GES Total Score	88.6 (15.3)$_a$	103.8 (15.1)$_b$	108.4 (16.9)$_c$
PMI Total Score	58.7 (9.1)$_a$	66.4 (10.8)$_b$	70.3 (11.5)$_c$

Note. Means with differing subscripts differ at $p < .05$.

Pairwise comparisons using the LSD procedure indicated full support for the "sexually abused" labeling hypothesis, as participants assigned significantly lower expectancies for general adjustment and significantly more negative expectancies for youth indicating that they were "sexually abused" than for youth who reported a parental divorce or recent loss of sleep. Furthermore, those youth in the parental divorce condition were assigned significantly lower general expectancies and higher negative expectancies than those in the no sleep condition. Univariate analyses of each item on the GES and PMI were conducted to examine effects of the level of stressor on specific expectancies for youth. ANOVA results for each of the 15 GES and 10 PMI items support the hypothesis that there would be a significant difference in expectancies between youth labeled as "sexually abused" and youth indicating other problems such as divorce and loss of sleep, $F(2, 297)$ ranges from 3.9 to 50.5 for all items, $p < .05$ for all items, Mse ranges from 1.3 to 2.3. However, pairwise comparisons using the LSD procedure indicate that there is not a significant difference between the parental divorce and "sexually abused" conditions at the $p < .05$ level for various specific areas of expectancies. GES and PMI item means with results of pairwise comparisons are presented in Table 3. It is important to note that there was no variability spread among the standard deviations of the different stressor levels (with only the means moving significantly), which highlights the pervasiveness of the negative effect of the sexual abuse label.

Table 3. Mean Item Scores on GES and PMI by Level of Stressor

	No Sleep(I) (N = 90) M (SD)	Parents Divorcing(II) (N = 124) M (SD)	"Sexually Abused"(III) (N = 95) M (SD)	p (I v. II)	p (II v. III)	p (I v. III)
GES Item						
#1- schoolwork	5.6 (1.0)	6.6 (1.4)	6.8 (1.4)	.000	.401	.000
#2- motivation in school	5.7 (1.1)	6.7 (1.4)	6.9 (1.4)	.000	.311	.000
#3- emotional adjustment	5.9 (1.2)	7.0 (1.2)	7.5 (1.3)	.000	.005	.000
#4- extracurricular activities	5.9 (1.3)	6.6 (1.4)	7.0 (1.4)	.000	.071	.000
#5- quality time w/family	5.9 (1.3)	7.4 (1.5)	7.2 (1.4)	.000	.339	.000

#6- making new friends	5.9 (1.3)	7.0 (1.5)	7.5 (1.4)	.000	.014	.000
#7- get along w/siblings	5.7 (1.1)	6.7 (1.4)	7.2 (1.3)	.000	.017	.000
#8- get along w/parents	5.9 (1.1)	7.4 (1.6)	7.3 (1.4)	.000	.713	.000
#9- get along w/other caregivers	5.6 (1.1)	6.6 (1.3)	6.9 (1.3)	.000	.054	.000
#10- following home rules	5.6 (1.1)	7.2 (1.5)	6.9 (1.5)	.000	.071	.000
#11- keeping friends	5.6 (1.3)	5.7 (1.4)	6.1 (1.5)	.449	.036	.008
#12- accepting intimacy	6.2 (1.3)	6.9 (1.5)	8.0 (1.5)	.000	.000	.000
#13- communicating feelings	6.5 (1.5)	7.2 (1.3)	7.7 (1.7)	.001	.054	.000
#14- self confidence	6.3 (1.4)	7.4 (1.3)	8.0 (1.7)	.000	.004	.000
#15- fighting w/ peers	6.1 (1.2)	7.0 (1.4)	7.3 (1.4)	.000	.160	.000
PMI Item						
#1- anger problems	6.2 (1.1)	7.2 (1.2)	7.6 (1.3)	.000	.039	.000
#2- sadness/depression	6.5 (1.2)	7.6 (1.1)	8.0 (1.2)	.000	.045	.000
#3- fearsome/nervous/anxious	6.1 (1.1)	7.4 (1.1)	7.9 (1.1)	.000	.003	.000
#4- school behavior problems	6.0 (1.2)	6.9 (1.2)	6.9 (1.5)	.000	.880	.000
#5- alcohol problems	5.7 (1.3)	6.4 (1.5)	6.6 (1.6)	.001	.373	.000
#6- drug problems	5.7 (1.3)	6.3 (1.5)	6.5 (1.6)	.002	.417	.000
#7- criminal behavior	5.3 (1.3)	5.9 (1.5)	6.0 (1.6)	.008	.576	.003
#8- voluntary sexual activity	5.5 (1.1)	5.9 (1.5)	6.6 (1.7)	.029	.000	.000
#9- risk for involuntary sex	5.7 (1.1)	5.9 (1.6)	7.1 (1.7)	.163	.000	.000
#10- any risky behavior	5.9 (1.2)	6.6 (1.5)	7.2 (1.6)	.000	.010	.000

Participant Variables as Moderators of the "Sexually Abused" Labeling Effect

Secondary analyses were conducted to determine if participant characteristics (e.g., demographics, professional background) had a significant interaction in the assignment of expectations based upon the "sexually abused" label. Various k x k multivariate factorial analyses of variance (MANOVA's) were conducted in which the interaction of participant variables with level of stressor were examined to determine whether the variables themselves changed the relationship between the level of stressor and the overall level of expectancies as rated by the participants. Specific factors analyzed along with level of stressor included participant gender (male, female), participant age (greater, less than 46 years old), participant marital status (single, married or separated or divorced or widowed), whether or not the participant has children, two factors of participant education (Bachelor's Degree and below, Master's Degree or above; Doctorate, no Doctorate), current professional field (mental health, non mental health), number of years of professional practice (greater, less than 12 years), and number of hours per week working with children (0 hours, 1-5 hours, greater than 5 hours). In order to conduct analyses using quantitative variables, participants were divided into groups based upon a median split procedure so that approximately 50% of participants ranking in the lower end of the scale were placed in one group and the other 50% ranking in the higher end were placed in another group. The zero hour condition of number of hours per week working with children was included as a part of that factor due to the high percentage of participants indicating no regular work with children.

Due to limited space, specific results cannot be reported. However, analyses indicate that no demographic, personal, or professional characteristic of participants as measured and discussed in the present study significantly interacts with level of stressor and overall expectancies for adjustment of the hypothetical youth as presented in the vignettes. Notably, the interaction between level of stressor and participants' having children approaches significance. It appears upon inspection of the data that not having children reduces the potential for labeling effects through decreasing levels of negative expectancies produced via the "sexually abused" label. Also of note are the significant main effects for educational background and professional affiliation on overall expectancies for future adjustment of youth. Inspection of the data indicates that higher levels of educational attainment and a professional affiliation with the mental health field significantly improve expectancies overall for youth. However, such a

background does not serve as a protective factor against the increased negative expectancies created through labeling.

Discussion

Sexual Abuse Labeling Effects

The primary research question of this study (i.e., "Does a sexual abuse label negatively impact the expectations held by professionals who work in the field of CSA for children labeled as such?") was intended to add to the scarce research that has investigated the effects of the sexual abuse label. As hypothesized, the sexual abuse label negatively impacted the expectations held by professionals who work in the CSA field for children labeled as such. Specifically, results of the current study suggest that children and adolescents who were depicted as being sexually abused negatively biased the variety of professionals, which may have been the mechanism of action resulting in lower expectations for these children with regards to future emotional, psychological, and behavioral functioning. It is important to note that this professional sample was different than past labeling research that investigated the effects of labeling with other populations.

Expectancies were lowered for the abused population across global areas of functioning. Specifically, the abused children and adolescents were expected to have greater difficulty in the areas of academic functioning (e.g., school performance, motivation), emotional functioning (e.g., anger, sadness, or depression; fear, nervousness, or anxiety; self-confidence), behavioral functioning (e.g., following rules at home and at school, fighting with other children/adolescents, ignoring teachers and parents, criminal behaviors), interpersonal/social functioning (e.g., participating in extracurricular activities with other children/adolescents, spending time with family members, making new friends, getting along with family and friends, ability to communicate feelings), and risk taking behaviors (e.g., alcohol use, drug use, voluntary sexual activity). Significant differences were not found between every level of stressor across each individual area of functioning. More specifically, there were no significant mean expectancy differences between the parental divorce and "sexual" abuse conditions for approximately half of the 25 dimensions of functioning assessed. However, many of these mean differences approached significance. Moreover, there was a powerful main effect for level of stressor with significant mean differences between each level on the total scores for the two expectancy measures. The data overall support the hypothesis that expectancies are significantly altered in a negative direction when the "sexually abused" label is applied to hypothetical victims. Results further indicated that expectancies for both the divorce and sexual abuse conditions were statistically significantly more negative than the no sleep condition. It is important to note, however, that the sexual abuse condition resulted in overall expectations that were statistically significantly more negative than the divorce condition. Thus, it appears that the professionals feel that children whose parents get divorced or who were sexually abused will experience more emotional, psychological, and/or behavioral impairment than children who do not experience such stressors. Furthermore, results suggest that these negative expectations are significantly greater for children who were sexually abused than for those whose parents got divorced.

On the surface, the findings from this current study may not appear quite noteworthy. It is, in fact, logical to posit that children whose parents are getting divorced or who were sexually abused will have a more difficult time adjusting and coping with such life experiences. It is reasonable to assume that such salient stressors in the child's life will result in a variety of emotional, behavioral, psychological, and/or interpersonal difficulties. Thus, this study's main effects can simply be interpreted via the notion that these professionals expect greater future maladjustment for children who were sexually abused given that such children and adolescents do in fact exhibit greater emotional, psychological, behavioral, and/or interpersonal maladjustment. Such an interpretation in fact can be encouraging in that it reflects that professionals who work in the CSA field are keeping abreast of the current literature in the field.

There is no denying the fact that CSA has the potential to lead to serious adverse outcomes for the children and adolescents subjected to such experiences. There is cause for concern, however, when such negative expectations and biases are made "right off the cuff" despite any evidence to generate the lowered expectations (i.e., based solely on the label). The different vignettes employed in the study, which depicted either a child or adolescent male or female, were exactly the same with regard to background information provided (e.g., incident involving the depicted child/adolescent and another student, getting sent to the principal's office and then to the counselor, etc.), with the exception of the stressor condition. As a result, the expectations and biases endorsed by the variety of professionals were based solely on the sexual abuse label. The study's main effects which indicate that professionals who work in the CSA field have statistically significantly more negative expectations for the future functioning of sexually abused children as compared to other children takes on greater significance when results are interpreted within a labeling contextual framework.

Possessing and maintaining these negative expectations arguably will influence the manner in which individuals interact with the child labeled as sexually abused. Their interactions with the child may in essence inadvertently decrease and/or limit the opportunities available to the child who has been sexually abused. These individuals may not motivate them as much given that they possibly believe the child may not have the resources or capacity to do so as a result of their abusive experience(s). Eventually, such influences may also impact self-motivation. Also, intense feelings of sympathy for the child may act to limit opportunities to create and/or enhance coping strategies and resiliency given that the adult may foster an environment of helplessness. Although it is important that the child who has been sexually abused possess a supportive and nurturing environment, overreacting to the perceived negative consequences of the abusive experience may create and maintain an environment ripe for the self-fulfilling prophecy. The intent is to suggest that a maintaining and exacerbating phenomenon may be occurring as a result of the residual effects of the sexual abuse label, not to deny the fact that CSA can lead to serious adverse outcomes

Potential Moderating Variables

In efforts to attain a more comprehensive understanding between CSA and the effects of the labeling process, age and gender were manipulated in the vignettes in order to examine if these variables played an influential role regarding the expectations that professionals held for children who were sexually abused. The investigator's hypotheses that being female and younger in age would result in more negative expectations regarding future adjustment for these specific types of sexually abused children/adolescents were not confirmed by the results of this study. These hypotheses were based on the notion that professionals are more likely to have been exposed via literature, media, and practical experiences to females experiencing and being impacted by sexual abuse and that professionals would seem likely to consider developmental factors and perceive adolescents as more resilient to the experience of CSA. Although results of this study suggest that professionals possess significantly lower expectations regarding future adaptive functioning for children and adolescents who were sexually abused as compared to other children, there were no significant interactions between the stressor condition and either age or gender. Results indicated that the sexual abuse label appears to be so strong that it results in professionals not attending to specific idiographic factors which likely may play a role in how a child or adolescent experiences a sexually abusive encounter(s).

Professionals' Characteristics and Sexual Abuse Label Influences

Given the heterogeneity of the sample employed in this current study (i.e., diverse educational and demographic backgrounds, different professional disciplines and fields, etc.), multivariate factorial analyses of variance were completed in order to examine if certain professional characteristics played an influential/moderating role regarding the expectations that professionals had for children who were sexually abused.

As was the case with this study's previous and primary analyses, no significant interactions of demographic or professional variables were found with the stressor condition. Again, this speaks to the strength and salience that the sexual abuse label has on influencing the expectations that professionals have for children who were sexually abused. In other words, it didn't matter what the unique demographic characteristics of the professional were. The plain and simple fact that one was sexually abused resulted in significantly lower general expectations and more negative expectations than those for the non-abused individual. Notably, significant main effects were found for level of education and professional affiliation variables. This is encouraging given that increased education and familiarity with the mental health field appear to improve expectancies overall for children and adolescents. However, such advantages still do not protect from the increased negative expectancies associated with a "sexually abused" label. Although it may seem logical to think that mental health professionals or those who spend considerably more time working with sexually abused children may not automatically expect less of the children (perhaps given their familiarity with phenomena such as self-fulfilling prophecies), this was not the case. It appears that the sexual abuse label acts in such a powerful way that ALL professionals (regardless of certain traits and characteristics) expect significantly less of these children. The data suggest that there are no unique professional characteristics that serve to temper the influence of the label. The generalizability of the negative influence that the sexual abuse label has is disconcerting given the aforementioned proposed negative influence the label may potentially have.

Limitations

The sample employed by this study has both advantages and disadvantages. The fact that the sample consisted of professionals who are associated with CSA is a major strength in that it provides information regarding a sample that is critical in determining how a sexually abused child or adolescent will respond to an abusive experience. Nonetheless, the sample does not generalize to the parents or peers of the sexually abused children/adolescents nor the abused children/adolescents themselves (all which are populations that play an important role in the development of children/adolescents).

Another limitation of the study was the nature of how the labeling effect was investigated. Whether expectations regarding future functioning are automatically lowered by professionals in real life situations (in which they likely have knowledge of other variables such as knowledge of frequency of abuse, duration of abuse, degree of familial support, extent of coping resources, etc.) cannot be deduced from the results of the current study.

Directions for Future Research and Practice

Research associated with resilient outcomes. Research on factors that contribute to resilient post-abuse outcomes is scarce. O'Dell (1997) notes how "the positive images from survivors' life stories and the political aspects of survivorhood are totally absent from the symptomatologies that abound in the mainstream research area" (p. 336). An increase in such research is warranted given the importance of the potential information yielded. Such research would have direct implications for the development of treatment programs and in the understanding of variables related to resilient individuals (Polusny & Follette, 1995). Research investigating resilience has direct implications in that variables associated with such outcomes can be identified and used in the development of treatment approaches for children who have been sexually abused. It has been advocated that the treatment of sexually abused children focus on themes of resilience in order to uncover strengths in the children while validating and discussing the trauma (Anderson, 1997).

"Sexual abuse" label research. The literature available prior to the undertaking of this study that specifically investigated the potential influence that the sexual abuse label has on adults' perceptions and expectations employed college student and teacher samples. This current study filled an important gap in the existing literature in that it assessed the expectancies of

professionals (e.g., mental health professionals, child protection workers, law enforcement investigators, physicians, etc.) who work intricately and directly with the children who have been sexually abused (Briggs et al., 1995). Furthermore, this study filled yet another gap in the existing literature in that it investigated the influence that the age and gender of the labeled child/adolescent had on professionals' expectancies. Despite these attributes of the current study, future research investigating the effects that the sexual abuse label has should include several moderating variables (e.g., extent of abuse, amount of force involved, relationship to perpetrator, etc.) pertaining to the sexual abuse label to see what impact this has on subsequent expectations. Lastly, future sexual abuse label research should investigate the expectations that parents and peers hold for the abused children, as well as the expectations that the abused children/adolescents hold for themselves. It is the expectations that these populations hold that likely plays the most important factor in determining future functioning (as far as the labeling process goes).

Implications for interventions. The labeling phenomenon may also have important implications for interventions related to CSA. The importance of the labeling phenomenon's potential impact on parents of children who have been sexually abused is highlighted by the notion that parental support is a pivotal element in mediating the effects of CSA (Cohen & Mannarino, 1998; Hansen et al., 1998). Therefore, interventions that address and acknowledge the potential adverse effects that the sexual abuse label may have on parents are warranted. Seeing, perceiving, and interacting with the child in a manner which is not characterized by lowered expectations due to the sexual abuse label may diminish a "damaged child" mentality and serve to protect the child from additional and exacerbated harm.

The aforementioned importance of the labeling phenomenon and its potential for adults to overestimate the consequences of sexual abuse for a particular child is of importance not only to the parents but also to the mental health and related professionals responsible for administering the interventions and related services. This caveat is further strengthened by the results of this study. The professionals who come in contact to provide services and advocate for the child may benefit from an awareness of how preconceived perceptions and expectations for children who have been sexually abused may inadvertently be harmful to the child. Parents, caregivers, teachers, mental health professionals, law enforcement personnel, social service workers, and anyone possibly involved in the child's social network can be made aware of these risks so as to minimize the chances that an environment will be created and maintained that is plagued with the proposed mechanisms of influence. Such an awareness will allow individuals to constantly monitor and assess the manner in which they are interacting with the child who has been sexually abused in efforts to decrease the chance that a self-fulfilling prophecy will unfold. Interventions which advocate the creation of an environment that enhances rather than limits opportunities and increases motivation so that coping and resilient responses can be created minimizes the chances that a learned helplessness will be fostered.

Conclusion

Child sexual abuse is a societal problem that has been heavily addressed throughout the literature of various disciplines. A heavy interest in this area has been focused on possible psychological effects resulting from such experiences (Pope & Hudson, 1995). Findings from this study which suggest that the sexual abuse label negatively influences professionals who work with CSA, causing them to lower their expectations regarding future development and adjustment for sexually abused children/adolescents, suggest that an amalgam between the labeling and CSA fields may be warranted. It can be logically hypothesized, based on empirical findings within the two domains, that the self-fulfilling prophecy phenomenon and/or the influence of negative expectations and biases may possibly be accounting for some of the negative symptoms cited in the clinical CSA literature.

Identification and labeling of a "sexually abused child" is absolutely essential for child protection, evaluation, and intervention. It would be ludicrous to suggest that CSA, in and of

itself, does not have damaging influences on the adjustment of the child. As noted earlier, a growing and increasingly sophisticated body of research literature suggests that CSA is associated with a variety of negative outcomes. Is it possible that factors above and beyond the CSA experience may account for some the negative symptomatology? Findings from this present study regarding the negative influence of the "sexual abuse" label on the expectations of professionals who work in the CSA arena, coupled with existing evidence regarding self-fulfilling prophecies, suggest that such an occurrence is quite possible. Further research regarding this possibility is warranted so as to minimize the possibility that these children will be further hurt by the hands intended to help them. Helping professionals need to become aware of the potential powerful influences that the "sexual abuse" label may have upon their expectations regarding these children so as to minimize the possibility of a self-fulfilling prophecy occurring. As individuals in the helping profession, it is our ethical, moral, and quite possibly legal obligation to enhance, rather than impair, a child's quality of life by not falling prey to the potential detrimental effects of the "sexual abuse" label. Awareness of this possibility may likely result in an increase of our effectiveness as professionals working with children who have been sexually abused. Also, this awareness will benefit not only the professionals working with the children who have been sexually abused but all individuals associated with the children, professional and nonprofessional alike.

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