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CHILD SEXUAL ABUSE (CSA) occurs frequently, with one recent review suggesting that approximately 1 in 10 children will experience sexual abuse before age 18 (Townsend & Rheingold, 2013). Victims of CSA are at risk for developing a range of psychological and behavioral problems, including depression, anxiety, posttraumatic stress disorder (PTSD), suicidal thoughts and behavior, substance abuse, high-risk and inappropriate sexual behavior, and other conduct problems (Maniglio, 2009; Tyler, 2002). However, not all children experience these short- and long-term effects and many factors influence the heterogeneity of response to CSA (Kendall-Tackett, Williams, & Finkelhor, 1993; Putnam, 2003). Stigma, defined as "a mark of disgrace associated with a particular circumstance, quality, or person" (Oxford English Dictionary, 2017), can play an important role in victims' recovery (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996). As such, the purpose of this paper is to critically review the literature on how survivors of CSA are currently stigmatized, identify the consequences of such stigma, and make suggestions for clinicians working with CSA victims and their families.

Youth who experience sexual abuse often face stigma from others. Due to the stigma around victimization, some youth delay their disclosure and some never tell (Fontes & Plummer, 2010; Gagnier & Collin-Vézina, 2016). Estimates vary, however, as studies show that the majority of children who experience sexual abuse do not tell someone during childhood (London, Bruck, Ceci, & Shuman, 2005; Lyon & Ahren, 2011). Many survivors identify shame and embarrassment as a primary reason for delayed disclosure (Anderson, Martin, Mullen, Romans, & Herbison, 1993; Fleming, 1997). Stigmatization of sexual abuse victims also discourages open communication between family members about the abuse and discourages open communication about the problem of CSA in the community. Stigma can also influence a youth's own perception of self-blame, shame, and guilt (Finkelhor & Browne, 1985; Karakurt & Silver, 2014) and can lead to feelings of isolation (Finkelhor & Araji, 1986). The effects of stigma may continue into adulthood. Coffey and colleagues (1996) found that stigma mediated the relationship between sexual victimization in childhood and adult psychological distress in women. Another study showed that the relationship between childhood sexual abuse and the use of avoidant coping strategies following an adult sexual assault was mediated by feelings of stigma (Gibson & Leitenberg, 2001). Overall, a review of the limited literature suggests that more research is still needed to better understand the stigma CSA victims experience. Relative to other widely studied topics in the CSA literature, the dearth of studies on stigma likely associates with the complex-

ity of the issue as well as the methodological difficulties of conducting research on stigma associated with CSA. Broadly, stigma may include the following interrelated areas, which we explore in detail below: (a) the label of "abuse victim," (b) stereotyping youth based on their abuse history, and (c) blaming the victim for the abuse.

CSA Victim Label

The label of "child sexual abuse victim" can have significant implications for the youth's recovery (Holguin & Hansen, 2003). This label may impact children directly or it may indirectly affect children through the way nonoffending caregivers, teachers, professionals, and peers interact with the youth. As described below, the media's portrayal of victims may also contribute to how youth who experience sexual abuse are perceived.

Research has shown that labeling a person can sometimes encourage that individual to behave in ways that emulate the expected aspects of the label, a concept commonly termed *self-fulfilling prophecy* (e.g., Madon, Jussim, & Eccles, 1997). Past research on self-fulfilling prophecies with children has primarily examined educational labels within the classroom. Experimental and naturalistic studies show that labels and expectancies can influence students' academic achievement and behavior, such that the child is fulfilling the expectation of the label (Madon et al., 1997; Rosenthal & Jacobson, 1968; Rosenthal & Rubin, 1978). Building on this, research has investigated the role of mental health diagnostic labels on patient behavior. Link (1987) and Link, Cullen, Struening, Shrout, and Dohrenwend (1989) confirmed the theory that patients may fear rejection from others based on their mental illness diagnosis, which can lead to further dysfunction and isolation. It has been posited that children who hold negative expectations for themselves due to being sexually abused may be at risk for engaging in a self-fulfilling prophecy (Holguin & Hansen, 2003). For example, because the label "sexual abuse victim" is so commonly associated with negative outcomes (e.g., PTSD, depression), this label may act to maintain and possibly exacerbate the child's symptomology. In this example, children hold negative expectations for themselves. In addition, negative expectations may also come from outside sources, such as the child's family, teachers, and friends (Kouyoumdjian, Perry, & Hansen, 2005), which could serve to reinforce the child's own beliefs. Therefore, it is important to also study the effect of the CSA label in the context of the child's environment.

A similar principle in psychology is *stereotype threat*, the concern of confirming a self-relevant negative stereotype (Steele, 1997). This concern can decrease an individual's performance, ultimately confirming the stereotype. Research has shown that stereotype threat affects children (e.g., Muzzatti & Agnoli, 2007; Neuville & Croizet, 2007; Tomasetto, Alparone, & Cadinu, 2011). One study found that first and third graders knew about the stereotype that those from low socioeconomic backgrounds have lower intellectual abilities and the children from a low socioeconomic background performed more poorly on a cognitive exam when tested in an evaluative context under stereotype threat (Désert, Préaux, & Jund, 2009). Tomasetto et al. (2011) showed that, overall, among girls in kindergarten through second grade, math performance was impaired when tested under stereotype threat. However, they found that stereotype threat did not decrease girls' math performance if their mothers reported a strong rejection to the stereotype that girls are worse at math (Tomasetto et al.).

While there have not been any specific studies using children who have experienced sexual abuse, it is theorized that the principle of stereotype threat may apply to this population. Research could examine CSA victim functioning in a variety of areas under a stereotype threat condition (e.g., CSA victims are permanently damaged, exhibit significant emotional and behaviorial problems, do worse in school, developmentally regress) and under a no-threat control condition to examine the role this may play on child and adult behavior. This research could also act as an intervention or outlet for educating adults as well as children about negative expectancies. Particularly, given the results of Tomasetto et al. (2011) that mothers' beliefs influenced the effect of stereotype threat on their daughters, the study could potentially assess the children's parents' perceptions of CSA victims and explore if this mediates the effects of stereotype threat. Though labels serve a function in identifying and treating individuals in need, labels may also have detrimental effects for children who experience sexual abuse. More research is needed to clearly understand this relationship.

In addition to the potential effect that the CSA victim label has directly on youth, this label can also influence how other people, including nonoffending caregivers, teachers, professionals, and peers, interact with the youth. Some individuals believe that sexually victimized youth are, as a consequence, marred or damaged, will develop overwhelming emotional and behavioral problems, or will perpetrate on other youth (Cyr et al., 2016; Holguin & Hansen, 2003). Particularly, following their child's sexual abuse disclosure, many nonoffending caregivers experience significant distress (Cyr et al.; Elliot & Carnes, 2001), fear their child will never be the same, and hold negative expectations for the child's emotional and behavioral well-being (Holguin & Hansen; Kouyoumdjian et al., 2005). However, the heterogeneity of response to CSA shows that many factors influence outcomes and an adult's expectation that a child will experience negative symptomology may actually influence the development of those symptoms (Kouyoumdjian et al.) or serve to maintain or exacerbate the child's symptomology (Briggs, Hubbs-Tait, Culp, & Blankemeyer, 1995; Browne & Finkelhor, 1986; Holguin & Hansen; Kouyoumdjian, Perry, & Hansen, 2009). Researchers have aimed to better understand caregivers' perceptions and expectations of the impact of sexual abuse on their child following disclosure (Kouyoumdjian et al., 2009; Meidlinger, West, Hubel, & Hansen, 2012). Practitioners may find it valuable to assess and address nonoffending caregivers' expectations in treatment to improve child and family outcomes. Preliminary research has found that parental depression predicts negative expectations of their sexually abused child (Theimer et al., 2017), suggesting that it may be beneficial for treatment providers to concurrently address parent expectations as well as depression.

While research is limited, the CSA label may also negatively influence teachers' expectations, opinions, and interactions with the child (Bromfield, Bromfield, & Weiss, 1988; Holguin & Hansen, 2003; Kouyoumdjian et al., 2005). Using a sample of middle and high school educators, Bromfield et al. (1988) found that teachers reported that they would be less likely to encourage a child to keep trying following failure on a puzzle task when that child was described as having a history of sexual abuse. Teachers also predicted that the CSA-labeled child would have less success in the future compared to the nonlabeled child. These expectations and behaviors may unintentionally negatively impact CSA survivors' school functioning. Given that children sometimes initially disclose

sexual abuse to teachers and that, in 2015, education personnel were the most likely source of maltreatment reports to child protection agencies (U.S. Department of Health and Human Services, 2017), this may be a particularly relevant area of further research. It may also highlight the importance of examining this topic through a bioecological framework and studying the significant systems outside of the child and family. Additionally, professionals who commonly work with sexually abused youth, such as social workers, therapists or counselors, physicians, and police officers, also tend to have lowered expectations for children's outcomes, which can impact how professionals interact with these children (Holguin & Hansen, 2003; Holm, Holguin, & Hansen, 2002). Moreover, from the authors' experience and as noted in the literature (e.g., Goodman-Delahunty, Martschuk & Cossins, 2017; Holguin & Hansen), among adult populations (e.g., potential jurors) and professionals there is some level of misinformation about children's demeanor and development of symptomology following CSA. For example, some professionals believe that most children will develop severe PTSD symptomology or experience developmental regression in response to the abuse. Furthermore, some may doubt the child's disclosure if the child does not show any internalizing or externalizing symptoms commonly associated with CSA. Providing accurate and up-to-date information about CSA to professionals who encounter children daily could reduce misconceptions and positively influence how they interact with victimized youth.

While addressed much less in the research literature, clinical experience suggests that some youth have significant negative interactions with peers following disclosure. This may be especially relevant for adolescents, given the increased influence of their peer support network. It is unclear whether these negative interactions with peers specifically associate with the CSA label or other confounding factors (e.g., the circumstance of the abuse, the alleged offender); thus, more research is needed. Still, it is important to comprehensively include the youth's peers and friends as potential sources of negative expectations and as individuals who have the potential for influencing victim recovery (Holguin & Hansen, 2003).

Media coverage and the media's portrayal of CSA may play an important role in how people view those labeled as sexual abuse victims (Holguin & Hansen, 2003). For example, it is common for extreme and severe cases of child sexual abuse to be covered in the media. Severe abuse is more commonly associated with the development of significant mental health symptoms, such as PTSD, depression, and suicidal ideation (Kendall-Tackett et al., 1993). Therefore, these publicized cases may inform people's expectations of sexual abuse victims. Dorfman, Mejia, Cheyne, and Gonzalez (2011) analyzed U.S. news coverage of child sexual abuse and found that the most common story involved the arrests and trials of offenders. This coverage does not represent most CSA cases given that only 29% of cases result in an arrest and many incidents are never reported to police (Snyder, 2000).

Overall, placing the label "CSA victim" directly on a child can have detrimental effects due to the negative connotations many hold. However, little is known about the scholarly use of the term "CSA victims" within the scientific literature when referring to a group of individuals who have experienced sexual abuse in childhood. Interestingly, researchers' use of the term "victims" compared to "survivors" in scientific work has been studied within female adult sexual assault populations. Hockett and Saucier (2015) found differences in research that used "victims" compared to "survivors," such that those who used "survivors" presented a more balanced representation of the consequences associated with adult sexual assault. Currently, there is a dearth of research on the use of these terms with child populations. Widely cited and well-regarded publications within the CSA scholarship use both terms, consistent with the current paper. Examination of this terminology could be an important area of future research.

CSA Victim Stereotyping

Some youth who are sexually abused encounter negative stereotypes based on aspects of their abuse. Though interrelated with the "abuse victim" label described above, the stereotypes victims face represent a unique aspect of stigmatization. While the "abuse victim" label focuses on negative expectancies for sexually abused youth on an individual level, victim stereotyping centers on how victims are typecast based on characteristics of the abuse. Broadly, stereotypes are oversimplified ideas about a particular group. They act as a cognitive shortcut and allow people to make quicker decisions. However, they are not always accurate. Among female sexual abuse victims, adolescents may be especially likely to be stereotyped. There is a common belief that adolescent girls who wear revealing clothing are asking to be sexually abused (Bell, Kuriloff, & Lottes, 1994; Collings, 1997). This can lead to victim blaming and shaming. Particularly, differences in cultural norms may affect the stereotypes and stigmatization youth face. For example, cultures that value female modesty and virginity may stereotype female victims as blemished (Böhm, 2017; Fontes & Plummer, 2010). Additionally, the status of men and women in the society can associate with stereotypes. In some cultures, female victims may be believed to have played a role in tempting or provoking the sexual encounter and males may be perceived as being unable to control their sexual urges (Böhm; Fontes & Plummer). These cultural influences may act as a significant deterrent for victim disclosure and associate with feelings of shame and guilt.

Male victims may face unique challenges and problems with stereotyping. Males are commonly believed to be more capable of physically resisting the abuse or escaping the abuse (Davies, Pollard, & Archer, 2001; Davies & Rogers, 2006), reflecting the gender stereotype that males must be strong and fight back when assaulted (Thompson & Pleck, 1986). If they do not fight back, they may be perceived as weak (Gagnier & Collin-Vézina, 2016). Across many cultures, male victims who are abused by male perpetrators may be perceived as gay (Davies et al., 2001; Rogers & Davies, 2007) and the fear of being perceived as gay might deter males from disclosing (Fontes & Plummer, 2010; Heru, 2001). Additionally, child sexual abuse committed by a female perpetrator is perceived to be less harmful (Broussard & Wagner, 1988; Esnard & Dumas, 2013; Maynard & Wiederman, 1997; Rogers & Davies, 2007), potentially devaluing the importance of treatment for these youth.

Media portrayals of CSA contribute to problematic stereotypes. A common media portrayal of sexual abuse is often that of a perverted adult stranger preying on children (Holguin & Hansen, 2003). This creates a challenge for victims and families whose offender does not fit this stereotype, such as abuse committed by a family member or a known juvenile—which are both significantly more common than sexual abuse committed by a stranger (Finkelhor & Shattuck, 2012). Additionally, television shows and movies sometimes romanticize relationships between high school students and their teachers,

even when the relationship constitutes sexual abuse under most laws. This perpetuates the stereotype that these relationships are not harmful or potentially not as harmful as other forms of sexual abuse. Overall, these stereotypes may have negative implications for appropriately supporting victims of CSA following disclosure.

CSA Victim Blaming

Another form of stigmatization youth who experience CSA face is victim blaming. Research shows that many disclosures are met with victim blame and believing the youth is culpable for the abuse can have significant negative consequences for the child (Ullman, 2003). For example, placing responsibility onto the child may prompt the youth to self-blame and internalize responsibility (Hunter, Goodwin, & Wilson, 1992). Victims also delay or avoid disclosure altogether due to the fear of being blamed. Delayed disclosure prevents immediate access to mental health services following sexual abuse, could place the youth at risk for subsequent and repeated abuse by the offender, and potentially places other children at risk for sexual abuse by the unreported offender (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Finally, when those close to the youth, such as parents and family members, blame the victim it may be expected that they also provide less overall support and compassion. Following CSA disclosure, parental support has been consistently associated with child adjustment; specifically, maternal support has been widely studied (Zajac, Ralston, & Smith, 2015). One aspect of caregiver support is taking the youth to therapeutic services. However, if parents perceive the child as blameworthy, they may be less likely to engage the child in these needed services.

Certain youth are more likely to be blamed. For example, research shows that people believe older victims (i.e., adolescents) to be more responsible for the sexual abuse compared to younger victims (e.g., Back & Lips, 1998; Rogers & Davies, 2007; Rogers, Josey, & Davies, 2007). Blame may be placed on older children at a higher frequency because adolescents are perceived to be less credible, less trustworthy, and less sexually naïve (Davies & Rogers, 2009, Rogers & Davies, 2007; Rogers et al., 2007). Additionally, older youth are believed to be more able to verbally and physically resist an abusive encounter from an adult compared to younger children (Maynard & Wiederman, 1997). Overall, the level of victim resistance may affect attributions of blame. When children are described as encouraging the sexual encounter, they are deemed more blameworthy (Broussard & Wagner, 1988; Ford, Schindler, & Medway, 2001). Youth who do not resist the abuse and act passively also tend to be ascribed more blame than those who resist the abuse (Broussard & Wagner). Following disclosure, some CSA victims are asked the questions, "Did you fight back?" or "Did you say no?" which could reflect the proclivity to assign blame to children based on their level of resistance. Finally, while more research is needed, the number of abuse occurrences may associate with people attributing blame to the youth. One study found people attributed more blame to a victim who was abused five times by the same perpetrator compared to a victim who was abused once (Theimer & Hansen, 2017). This may reflect the perception that youth must actively do something to stop the abuse after the first incident (i.e., an immediate disclosure) to be considered blame free—and inaction may be associated with the assignment of blame to the victim. This is significant given that most children do not immediately disclose sexual abuse to a trusted and protective adult (Conte & Vaughan-Eden, 2018). It is possible that people are unfamiliar with the reasons why children do not tell about CSA, including the tricks offenders use to gain children's trust and keep victims from disclosing (Craven, Brown, & Gilchrist, 2006).

Overall, blaming the victim for the abuse increases the stigmatization youth feel. Fortunately, victim blaming is commonly addressed in the professional literature, shedding light on the negative implications blame has on survivors of CSA. Moreover, noncompeting theories attempt to explain why people assign responsibility to victims, including Lerner's (1980) just world theory and Shaver's (1970) defensive attribution theory. These research efforts foster a deeper understanding of blame attributions and promote the appropriate assignment of blame to the perpetrator.

Suggestions for Clinicians

Efforts must be made to reduce the stigmatization of CSA survivors. The following briefly describes suggestions for clinicians who work with youth and families who experience CSA. These suggestions are intended to help clinicians support victims and their families and help disseminate accurate information about CSA.

1. Include nonoffending caregivers, siblings, and other close family members in intervention efforts and provide psychoeducation on (a) the heterogeneity of CSA outcomes and (b) the adverse consequences of the CSA label and having negative expectations for the child's functioning post disclosure. Holguin and Hansen (2003) described that "seeing, perceiving, and interacting with the child in a manner that 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" (p. 664). Additionally, psychoeducation in this area could decrease the chances of a child conforming to a self-fulfilling prophecy or being negatively impacted by stereotype threat. Holguin and Hansen noted that "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" (p. 664). Clinicians should make efforts to assess victims' and family members' negative expectations, keeping in mind and concurrently addressing the factors which associate with having negative expectations (e.g., parent depression).

2. When working with youth and families, use person-first language. In psychoeducational and therapeutic efforts, specific examples of person-first language include phrases such as "children who experience sexual abuse," "kids who receive an unsafe touch," or "children who experience an unsafe situation." In doing this, practitioners can refrain from using the word "victim" as a label in conversations with the child and family. In treatment with youth, professionals may decide to primarily use the term "unsafe touch" when referring to the sexual abuse as well as any inappropriate sexual behavior or unwanted physical interaction. However, this term is not inclusive to all forms of sexual abuse, as not all sexually abusive encounters include a physical touch. Therefore, "unsafe situation" may be preferred in certain cases.

3. Correct inaccurate victim stereotypes made by children, family members, pro-

fessionals, and others. This may be particularly relevant for male victims and adolescent female victims. Clinicians must consider the family's cultural context when addressing victim stereotypes.

4. Help children understand that they are not at fault. In interventions with victims and family members, process and correct statements attributing blame to the child.

5. Provide interventions that focus on increasing factors contributing to resilience (e.g., parental support) and instilling hope in children and their families (Domhardt, Münzer, Fegert, & Goldbeck, 2015; Marriott, Hamilton-Giachritsis, & Harrop, 2014). While validating the distress children and family members may be experiencing, uncover the family's strengths and provide power and control back to the family through prevention efforts.

6. Utilize CSA literature and resources to inform practice. Particularly, clinicians may find it helpful to review research on the heterogeneity of response to CSA (Hubel et al., 2014; Maniglio, 2009; Putnam, 2003) and factors that reduce negative outcomes (e.g., Domhardt et al., 2015; Marriott et al., 2014). Additionally, providers can gain education through online and in-person training. For example, a trauma-focused cognitive-behavioral therapy (TF-CBT) web-based learning course is available at https://tfcbt2.musc.edu. Trainings may also be available at accredited Child Advocacy Centers (see http://www.nationalchildrensalliance.org to find a nearby center).

7. Educate and share research on CSA with other professionals, including that having negative expectancies for a child can influence recovery. Make efforts to inform professionals about the heterogeneity of response to CSA. Provide them with education on the factors that influence risk and resiliency. Promote that, with this knowledge, they could have a positive influence on children's recovery.

8. Many people feel uncomfortable broaching the topic of child sexual abuse; however, discussing the problem of CSA openly may decrease the stigmatization survivors feel, promote timely disclosures, and decrease isolation. Learn about and share information on the prevention efforts and resources dedicated to bringing awareness to child sexual abuse. Promote victim and family resiliency in the professional and popular media. Read the National Children's Advocacy Center's (2017) position on spreading the message of "progress and hope" (p. 1). Get involved in public policy to advocate for victims and families.

Conclusion

Unfortunately, youth who experience sexual abuse often face stigma from others and this stigma may associate with negative outcomes for the child. Broadly, societal stigmatization of sexual abuse victims deters open communication about the problem of CSA in the community. It may also discourage open and supportive communication between nonoffending family members and the child after sexual abuse is disclosed. A number of interrelated factors contribute to the stigmatization of victims. Stigmatization can involve the label of "sexual abuse victim," which holds many negative connotations. This label can affect children directly or indirectly through the way others interact with the youth. Stigma also includes stereotyping victims based on their abuse history. For example, adolescent female victims and male victims may be especially likely to be negatively stereotyped. Finally, stigmatization includes blaming the youth for the abuse, which has been shown to associate with negative outcomes. Unlike other aspects of CSA stigma, victim blaming has been widely studied in the related literature. Overall, the media may play a potential role in society's perception of youth who experience sexual abuse. Clinicians working with CSA survivors should include nonoffending family members in treatment efforts to reduce negative expectations, correct erroneous stereotypes, and correct attributions of blame toward the victim. Additionally, informed clinicians can share research on the factors that influence risk and resiliency with others and become involved in public policy as an advocate for children who experience sexual abuse and their families.

References

Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of childhood sexual abuse experiences in a community sample of women. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 911-919.

Back, S., & Lips, H. M. (1998). Child sexual abuse: Victim age, victim gender, and observer gender as factors contributing to attributions of responsibility. *Child Abuse & Neglect, 22*, 1239-1252.

Bell, S. T., Kuriloff, P. J., & Lottes, I. (1994). Understanding attributions of blame in stranger rape and date rape situations: An examination of gender, race, identification, and students' social perceptions of rape victims. *Journal of Applied Social Psychology, 24*, 1719-1723.

Böhm, B. (2017). "She got spoilt": Perceptions of victims of child sexual abuse in Ghana. *Journal of Child Sexual Abuse, 26*, 818-838.

Briggs, K., Hubbs-Tait, L., Culp, R. E., & Blankemeyer, M. (1995). Perceiver bias in expectancies for sexually abused children. *Family Relations, 44*, 291-298.

Bromfield, R., Bromfield, D., & Weiss, B. (1988). Influence of the sexually abused label on perceptions of a child's failure. *Journal of Educational Research, 82*, 96-98.

Broussard, S. D., & Wagner, W. G. (1988). Child sexual abuse: Who is to blame? *Child Abuse & Neglect, 12*, 663-569.

Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 143-179). Beverly Hills, CA: Sage.

Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. T. (1996). Mediators of the long-term impact of child sexual abuse: Perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse & Neglect, 20*, 447-455.

Collings, S. J. (1997). Development, reliability, and validity of the child sexual abuse myth scale. *Journal of Interpersonal Violence, 12*, 665-674.

Conte, J. R., & Vaughan-Eden, V. (2018). Child sexual abuse. In J. B. Klika & J. R. Conte (Eds.), *The APSAC handbook on child maltreatment* (pp. 95-110). Thousand Oaks, CA: Sage.

Craven, S., Brown, S., & Gilchrist, E. (2006). Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression, 12*, 287-299.

Cyr, M., Frappier, J., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. (2016). Nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse, 25*, 757-776.

Davies, M., & Rogers, P. (2006). Perceptions of male victims in depicted sexual assaults: A review of the literature. *Aggression and Violent Behavior, 11,* 367-377.

Davies, M., & Rogers, P. (2009). Perceptions of blame and credibility toward victims of childhood sexual abuse: Differ-

ences across victim age, victim- perpetrator relationship and respondent gender in a depicted case. *Journal of Child Sexual Abuse, 18*, 78-92.

Davies, M., Pollard, P., & Archer, J. (2001). The influence of victim gender and sexual orientation on judgments of the victim in a depicted stranger rape. *Violence and Victims, 16*, 607-619.

Désert, M., Préaux, M., & Jund, R. (2009). So young and already victims of stereotype threat: Socio-economic status and performance of 6 to 9 years old children on Raven's progressive matrices. *European Journal of Psychology of Education, 24*, 207-218.

Domhardt, M., Münzer, A., Fegert, J. M., & Goldbeck, L. (2015). Resilience in survivors of child sexual abuse: A systematic review of the literature. *Trauma, Violence, & Abuse, 16*, 476-493.

Dorfman, L., Mejia, P., Cheyne, A., & Gonzalez, P. (2011). *Case by case: News coverage of child sexual abuse.* Berkley Media Studies Group, 19, 1-20. Available at http://www.ncdsv.org/images/BMSG_CaseByCaseNewsCoverageChildSexualAbuse_5-2011.pdf

Elliot, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6,* 314-231.

Esnard, C., & Dumas, R. (2013). Perceptions of male victim blame in a child sexual abuse case: Effects of gender, age and need for closure. *Psychology, Crime & Law, 19*, 817-844.

Finkelhor, D., & Araji, S. (1986). Explanations of pedophilia: A four factor model. *Journal of Sex Research, 22,* 145-161.

Finkehor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55,* 530-541.

Finkelhor, D., & Shattuck, A. (2012). *Characteristics of crimes against juveniles.* Durham, NH: Crimes against Children Research Center.

Fleming, J. M. (1997). Prevalence of childhood sexual abuse in a community sample of Australian women. *Medical Journal of Australia, 166*, 65-68.

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19,* 491-518.

Ford, H. H., Schindler, C. B., & Medway, F. J. (2001). School professionals' attributions of blame for child sexual abuse. *Journal of School Psychology, 39*, 25-44.

Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of Child Sexual Abuse, 25*, 221-241.

Gibson, L. E., & Leitenberg, H. (2001). The impact of child sexual abuse and stigma on methods of coping with sexual assault among undergraduate women. *Child Abuse & Neglect, 25,* 1343-1361.

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect, 27*, 525-540.

Goodman-Delahunty, J., Martschuk, N., & Cossins, A. (2017). Validation of the Child Sexual Abuse Knowledge Questionnaire. *Psychology, Crime & Law, 23*, 391-412.

Heru, A. H. (2001). The linkage between gender and victimhood. *International Journal of Social Psychiatry, 47*, 310-320.

Hockett, J. M., & Saucier, D. A. (2015). A systematic literature review of "rape victims" versus "rape survivors": Implications for theory, research, and practice. *Aggression and Violent Behavior, 25*, 1-14.

Holguin, G., & Hansen, D. J. (2003). The "sexually abused child": Potential mechanisms of adverse influences of such a label. *Aggression and Violent Behavior, 8*, 645-670.

Holm, J. W., Holguin, G., & Hansen, D. J. (2002, November). *Influences of the "sexual abuse" label on expectancies among professionals working with children: Implications for treatment and further research*. Poster presented at the 35th Annual Meeting of the Association for Advancement of Behavior Therapy, Reno, NV.

Hubel, G. S., Campbell, C., West, T., Friedenberg, S., Schreier, A., Flood, M. F., & Hansen, D. J. (2014). Child advocacy center based group treatment for child sexual abuse: Initial symptom presentation, outcomes, and social validity. *Journal of Child Sexual Abuse, 23*, 3.

Hunter, J. A., Goodwin, D. W., & Wilson, R. J. (1992). Attributions of blame in child sexual abuse victims: An analysis of age and gender influence. *Journal of Child Sexual Abuse, 1*, 75-89.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164-180.

Karakurt G., & Silver, K. E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations. *American Journal of Family Therapy, 42*, 79-91.

Kouyoumdjian, H., Perry, A. R., & Hansen, D. J. (2005). The role of adult expectations on the recovery of sexually abused children. *Aggression and Violent Behavior, 10*, 475-489.

Kouyoumdjian, H., Perry, A. R., & Hansen, D. J. (2009). Nonoffending parent expectations of sexually abused children: Predictive factors and influence on children's recovery. *Journal of Child Sexual Abuse, 18*, 40-60.

Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review, 52*, 96-112.

Link, B. G., Cullen, F. T., Struening, E., Shrout, P., & Dohrenwend, B. P. (1989). A modified labeling theory approach in the area of mental disorders: An empirical assessment. *American Sociological Review, 54,* 400-423.

Lerner, M. J. (1980). *The belief in a just world.* New York, NY: Plenum.

London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law, 11*, 194-226.

Lyon, T. D., & Ahern, E. C. (2011). Disclosure of child sexual abuse: Implications for interviewing. In J. E. B. Myers (Ed.), *The APSAC handbook on child maltreatment* (pp. 233-252). Thousand Oaks, CA: Sage.

Madon, S., Jussim, L., & Eccles, J. (1997). In search of the powerful self-fulfilling prophecy. *Journal of Personality and Social Psychology, 72*, 791-809.

Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review, 29*, 647-657.

Marriott, C., Hamilton-Giachritsis, C., & Harrop, C. (2014). Factors promoting resilience following childhood sexual abuse: A structured, narrative review of the literature. *Child Abuse Review, 23,* 17-34.

Maynard, C., & Wiederman, M. (1997). Undergraduate students' perceptions of child sexual abuse: Effects of age, sex and gender role attitudes. *Child Abuse & Neglect, 21*, 833844.

Meidlinger, K. M., West, T., Hubel, G. S., & Hansen, D. J. (2012, November). *Assessing nonoffending parent expectations for their sexually abused children: Initial psychometric evaluation of two parent-report measures*. Poster presented at the 46th Annual Convention of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.

Muzzatti, B., & Agnoli, F. (2007). Gender and mathematics: Attitudes and stereotype threat susceptibility in Italian children. *Developmental Psychology, 43,* 747-759.

National Children's Advocacy Center (2017). *Position Paper on Declining Rates of Child Sexual Abuse*. Huntsville, AL: Author.

Neuville, E., & Croizet, J.-C. (2007). Can salience of gender identity impair math performance among 7–8 years old girls? The moderating role of task difficulty. *European Journal of Psychology of Education, 22*, 307-316.

Oxford English Dictionary. (2017). Oxford, England, U.K.: Oxford University Press.

Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of American Academy of Child and Adolescent Psychiatry, 42*, 269-278.

Rogers, P., & Davies, M. (2007). Perceptions of credibility and attributions of blame towards victim in a childhood sexual abuse case: Gender and age factors. *Journal of Interpersonal Violence, 22*, 566-584.

Rogers, P., Josey, N., & Davies, M. (2007). Victim age, attractiveness and abuse history as factors in the perception of a hypothetical child sexual abuse case. *Journal of Sexual Aggression, 13*, 121-137.

Rosenthal, R., & Jacobson, L. F. (1968). Teacher expectations for the disadvantaged. *Scientific American, 218,* 19-23.

Rosenthal, R. & Rubin, D. B. (1978). Interpersonal expectancy effects: The first 345 studies. *Behavioral and Brain Sciences, 3,* 377-415.

Shaver, K. G. (1970). Defensive attribution: Effects of severity and relevance on the responsibility assigned for an accident. *Journal of Personality and Social Psychology, 14*, 101-113.

Snyder, H. N. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist, 52*, 613–629.

Theimer, K., & Hansen, D. J. (2017). Attributions of blame in a hypothetical child sexual abuse case: Roles of behavior problems and frequency of abuse. *Journal of Interpersonal Violence*. Advance online publication. doi:10.1177/0886260517716943

Theimer, K. McCoy, K., Biles, B. L., Pogue, J. K., Meidlinger, K., Flood, M. F., & Hansen, D. J. (2017). *Cognitive-behavioral therapy for sexually abused youth at a child advocacy center: Identifying and addressing the correlates of parent expectations*. Poster presented at 51st Annual Convention of the Association for Behavioral and Cognitive Therapies, San Diego, CA.

Thompson E. H., & Pleck J. H. (1986). The structure of male role norms. *American Behavioral Scientist, 29,* 531-543.

Tomasetto, C., Alparone, F. R., & Cadinu, M. (2011). Girls' math performance under stereotype threat: The moderating role of mothers' gender stereotypes. *Developmental Psychology, 47*, 943-949.

Townsend, C., & Rheingold, A. A. (2013). *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies*. Charleston, SC: Darkness to Light.

Tyler, K. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior, 7*, 567-589.

Ullman, S. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse, 12,* 89-121.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2015.* Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

Zajac, K., Ralston, M. E., & Smith, D. W. (2015). Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up. *Child Abuse & Neglect, 44*, 66-75.

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