

ABUSE AND VICTIMIZATION: A Life-Span Developmental Perspective

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A conceptualization of coping and adaptation following victimization is presented from a life-span developmental perspective. Recovery is characterized as an evolving process of interaction among three dimensions: social cognition, environmental sensitivity, and emotional-behavioral functioning. The model is illustrated through an individual case study and through an approach to research on outcomes of sexual victimization.

A conceptualization of abuse and victimization outcomes from the perspective of life-span developmental theory is presented in this paper. One dimension of this perspective is time. Victimization can happen at any point in an individual's life-span, and its consequences can be felt throughout life. A second dimension is that of development, understood as a life-long process wherein individuals are viewed as active participants in their own development, with change unfolding during the interaction of psychological, social, biological, physical, and historical events.

Human adaptation within any time frame is understood as evolving through a dynamic process of meeting and responding to challenge. Abuse or victimization is a challenge faced by many individuals and its consequences are a function of many factors. One factor, of course, is the nature of the abuse, but characteristics of abusive experiences provide only partial explanations

for the different ways in which people cope, adapt, and emerge, in both the short and long term, strengthened or diminished.

In this paper we describe how cognitive processes influence the course of recovery following victimization, and the role of environment in that process. Here, the model for the understanding of coping and adaptation is applied to sexual victimization; however, it can provide a framework for other forms of victimization as well.

First, the life-span developmental perspective will be used to examine an individual life course. Then, moving beyond singular clinical realities, we discuss how this perspective can be applied to research, using a study of sexual abuse outcomes as an example.

Julia

Julia is the third child and first daughter in a family of five children. For as long as she can remember, Julia was the child who was expected to take care of others. She learned how to cook and clean at an early age, and

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when she was about eight years old, her father began to have intercourse with her. Although she told her mother, the abuse continued. When Julia was about 11, her older brother also began forcing her to have intercourse with him.

At 18, Julia left home with a full scholarship to nursing school. She dedicated herself to her nursing studies. She also slept with every boy who asked her out, believing that sex was the reason and the requirement for their attention.

After graduation, Julia developed a relationship with a man who was concerned about her assumption that sex was required of her. She told him about her past and learned that giving herself sexually was not a requirement for his love and attention. They later married.

Julia left nursing for motherhood and became caught in a vicious cycle. Feeling once again trapped in the care of others, and without choice, she began to drink heavily, during which time she neglected her family's care. This led to depression over her inadequacy as a wife and mother, and feelings of even greater entrapment in their need for her care.

One day Julia realized that she could either help herself or remain passively captive to depression and drink. She sought therapy and joined Alcoholics Anonymous. Through therapy, Julia began to redefine herself as having value independent of what she gave others. She and her husband renegotiated their roles and she returned to nursing.

Julia, at age 55, is now comfortable in her marriage, not because it is without continuing difficulties, but because she is a partner in how these difficulties are defined and worked through. She is also a proud grandmother and a respected professional.

Knowledge of Julia's early history would not have permitted a clear prediction of her current functioning. The severity of her childhood victimization and her promiscuity, alcoholism, and depression during her early and later adulthood suggest a very poor outcome. To understand her recovery and adaptation we need not only a time frame for their evolution and manifestation, but also an appreciation for developmental progression.

At two critical periods in Julia's life, major developmental shifts in her thinking occurred. At age 18, she realized that she could be in control of the *form* of her caregiving, and chose nursing over her parents' needs. However, during this period, her nursing studies and her promiscuity could both be seen as expressions of a singular

image of herself as existing for the service of others. The cognitive shift coupled with a supportive environment enabled Julia to realize a more internalized locus of control. Further, she was developing specialized skills which contributed to an increased sense of competence and to heightened self-esteem.

In mid-life Julia achieved another development milestone: in addition to *how* to give care, she could also choose *whether* to give care; she could also ask for care. The marital relationship was sufficiently flexible and supportive to accommodate these changes.

The concept of life-span development embraces the context which supported Julia's recovery, as well as the internal cognitive and emotional processes that enabled her to draw from that context resources necessary to emerge from extreme adversity into a strong and resilient middle age.

VICTIMIZATION OUTCOMES

Conceptual Model

The "happy ending" to Julia's story is not the norm. Nevertheless, her story does highlight the fact that merely knowing the background of a person's life does not unequivocally predict the life outcomes. The relationship between experience and outcome is not a simple one.

The same experience can give rise to a wide range of emotional and behavioral outcomes. Yet most of the research on sexual abuse seeks to study the consequences of abuse as a function of the properties of the abuse alone. Some of the variation in outcome has been explained by particular aspects of the victimization; for example, the young child's relationship to the perpetrator, and the frequency and severity of the abuse (Friedrich, Urquiza, & Beilke, 1986). However, such explanations do not account for the full extent of the variation.

Previous research has suggested that individuals vary not only in their responses to

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vironment, and development over time proceeds as an iterative, transactional process. The transactional model extends the interactional model by building in the dimension of time during which the individual's response to and recovery from abuse unfolds. The model allows for and anticipates reciprocal evolving influences among the child's social cognitive structures, the responses of the child's personal environment, and the feelings and behavior that the child expresses.

A failure in any of the three domains could negatively influence the ensuing reciprocal process, while intervention and improvement in any of the three domains could yield positive change in other parts of the system and influence the process. Each domain may be both a cause and an effect.

CONCLUSIONS

Human feeling and behavior is perhaps best understood as a function of multiple domains interacting and evolving over time. Of particular importance to a child's recovery from victimization are factors that prevent sources of trauma in the abuse from being perpetuated, or from becoming a way of experiencing future life events that are not in themselves abusive.

We suggest that the meaning a child makes of experiences is critical for understanding how that experience affects the child. For example, some children will be better able than others to interpret a traumatic emotional event as being contained within the victimization itself, not within themselves or within the broader world in an enduring way. A child who interprets fear as a response to frightening aspects of the victimization experience may be less likely to suffer enduring anxiety than a child who interprets the fear as a confirmation of his or her own powerlessness as a child. Such interpretations are made through cognitive processes such as perceptions of control and personal efficacy, interpersonal problem-solving, and interpersonal perspective-taking.

An understanding of the cognitive processing of sexual victimization trauma will enable us to identify the function of these processes in regulating the child's response to and recovery from victimization. This has strong implications for clinical practice—for example, for psychotherapy. A therapist cannot change the precipitating events, but may help to alter beliefs about the self and others that have been distorted by the events.

Therapists can also promote environmental sensitivity through work with parents and other caring adults. For example, parents can be helped to recognize and respond to the child's attempts at mastery. This can help diminish feelings of powerlessness the child may have experienced during the victimization. The environment can be an additional tax on a child's coping resources; as, for example, when multiple interrogations and examinations are set in motion by the disclosure, or when further trauma occurs through parental divorce. The responsiveness of the environment to the needs of the child may influence the meaning the child makes of events; the meaning will influence the child's response; and the child's behavior will influence how the environment responds. Trauma and repair are dynamic, ongoing processes in which the individual interacts with the multiple systems that are the elements and context of life.

Finally, this conceptual model provides a common language for understanding the components and the process of victimization and its outcomes—a language that may help to connect the worlds of research, practice, and policy. Such conceptual links are necessary to guide meaningful work in each domain, and to enable good work in one domain to inform good work in others.

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challenging but generally manageable experiences, but also in response to experiences they define as stressful (Lazarus & Erikson, 1952). Lazarus and Erikson's studies of failure-induced stress found a marked increase in variance rather than a consistent decline or improvement in performance. In the research that they reported, stress tended to amplify individual differences in outcome, but did not alone predict a particular direction in outcome. Thus, adaptational response may be better understood by paying attention to the psychological processes that give rise to individual differences.

The Role of Cognition

Lazarus and Launier (1978) argued that one's cognitive appraisal of life events strongly influences response. Their research has demonstrated that the same event may be perceived by different individuals as irrelevant, benign, positive, or threatening and harmful. It is not only the events themselves, but the meaning with which people imbue them that determines reactions. In the case of a sexually victimized child, the ways in which the feelings generated by the experience are defined will also influence the child's behavior. If the feelings are labeled as pleasurable or if the situation is experienced as within the child's control in a psychological sense, the child may not feel abused. In part, abuse is a function of the perception of being victimized.

Conte (1985) has made a useful distinction between "first-order" and "second-order" events as potential sources of trauma. First-order events are "objective" aversive aspects of the victimization experience itself—such events as sexual behavior, the use of force, and threats. Second-order events, in contrast, reflect the child's phenomenological experience of the abuse. First-order events are processed through the individual's cognitive, emotional, and psychological mechanisms to form such expe-

riences as fear, betrayal, guilt, loss, and isolation.

The distinction between the event as "objective" reality and the child's subjective experience of it has major implications for research and for the clinical work that will be informed by it. First, the distinction suggests that any analysis that attends only to the surface features of the victimization will be limited in its ability to demonstrate consistent relationships with outcomes. Second, the model underscores the role of the child as an active processor of data and relationships or, as we would have it here, a maker of meaning. The child is not merely a black box through which inputs transform into outputs.

The role of the child as an active agent in his or her own development is increasingly reflected in developmental theory and research (Bandura, 1978; Garnezy & Telleen, 1984; Lerner & Lerner, 1983; Lewis & Rosenblum, 1974; Thomas & Chess, 1976, 1980, 1981).

Bandura and his colleagues (1978), working from a social learning perspective, have illuminated the crucial role of the person as the processor, or meaning-maker, who translates experience into a form of behavior. Understanding the person's interpretation of events allows the prediction of behavior that would not be foreseeable from the events themselves. For example, Bandura and his colleagues have underscored the importance of cognition to coping with stress in their studies of the role of self-efficacy in performance and in affect (Bandura, Adams, & Buyer, 1977). They found a strong relationship between conviction of one's own effectiveness and coping behavior.

The importance of beliefs about control and personal efficacy to sexual abuse outcome have been identified repeatedly in the literature. Finkelhor and Browne (1985), for example, in their conceptualization of four traumagenic dynamics of child sexual victimization, referred to "powerlessness," the victimized child's sense of entrapment

or helplessness. Positive effects of feeling in control have also been suggested. Negative consequences appear less likely to occur when the child believes that he or she can exert some power or control (Abel, Becker, & Cunningham-Rathner, 1984; Finkelhor & Browne, 1985; Conte, 1985). On the other hand, belief that the victimization is one's own fault has also been described as contributing to poorer outcome (Lamb, 1986). Reiker and Carmen (1986) saw the function of assuming responsibility for one's own abuse as an effort to restore an illusion of control.

Garnezy and his colleagues have also identified important cognitive processes in explaining stress resistance in childhood, particularly interpersonal problem-solving and interpersonal perspective-taking (Garnezy & Tellegen, 1984). Social cognition is the area of cognitive development most closely related to interpersonal contexts; satisfactory relations with others are a crucial component of successful adjustment to life (Kendall, 1984; Selman, 1980).

The Role of Environment

The child is not simply an orchestrator of his or her own fate. Even as meaning-maker, the child lives in an environmental context that contributes significantly to those psychological processes through which the child interprets and responds to experience.

The concept of environmental sensitivity is useful in understanding how the environment influences sexual abuse outcome. It has been found to be an important condition for the fostering of mastery and control (Skinner & Connell, 1986). Further, control beliefs and coping efforts require a responsive environment in order for their beneficial effects to be maintained and amplified. One might predict, for example, that how cohesively a family functions under stress, or how adaptive it is to the changes brought about by traumatic life experience, will affect the sense of mastery experienced by the child. Supports avail-

able to the child both within and outside of the family, such as a best friend or a teacher the child can talk to, may also affect the child's ability to cope.

In a recent study of sexually abused children, Conte (1987) found that the victim's social and environmental contexts were crucial in lessening or exacerbating the impact of the abuse. The amount of support available to the child, the existence of a supportive relationship with an adult or sibling, and living with a family that exhibited symptoms of pathological relationships were all importantly implicated in child outcome.

For sexually victimized children, the sensitivity of the child's interactions with others following disclosure strongly influences the child's response, quite apart from the interaction between the child and the offender (Abel, Becker, & Cunningham-Rathner, 1984). These interactions may involve the parents, other relatives, friends, adults connected with such community institutions as school or scouts, adults connected with legal and law enforcement institutions, and therapists. If environmental sensitivity is enhanced, for example, by a parent's awareness of a child's needs after a victimizing experience, then the child's willingness to initiate actions will be greater. Successful actions will increase future expectations of control, thus strengthening the child's initiative to reach out, and fostering, in turn, increased sensitivity of environmental response.

APPLICATION TO VICTIMIZATION RESEARCH

To translate life-span developmental theory into a research model for the study of sexual abuse outcomes, it is necessary to identify areas in need of study. As described above, both the literature on child development and the clinical literature on child sexual abuse indicate the importance of cognitive and environmental factors to children's functioning and behavior. Fur-

ther, it is suggested that cognitive, environmental, and behavioral factors interact in a continuous and unfolding process. In our current research we are investigating not only relationships between sexual abuse trauma and behavioral and emotional outcomes, but also how interactions among children's cognitive processes, the sensitivity of the environment, and behavior influence that relationship.

In addition to the historical experience of sexual abuse trauma, three domains of evolving experience are under investigation: children's cognitive processes (the person set); environmental sensitivity (the environment set), and emotional and behavioral functions (the behavior set). Within each domain, specific constructs are identified that are thought to characterize those aspects that are important to children's response to and recovery from sexual victimization and disclosure.

The person set. The cognitive constructs in this set include internalized beliefs about the self in relation to others, and information processing skills that are hypothesized to be strongly related to the child's response to trauma. These include: *a)* locus of control, whether the child sees the cause of successes or failures as being within or outside his or her control; *b)* efficacy or perceived competence, the child's expectations of being capable of achieving desired outcomes in areas appropriate to his or her control; *c)* interpersonal problem-solving, the child's ability to generate solutions or strategies for action for use in achieving desired outcomes to interpersonal problems; and *d)* interpersonal perspective-taking or role-taking, the child's capacity to consider the perspectives and intentions of others, as well as others' perspectives on the self.

The environment set. This involves factors that affect the sensitivity of the environment to the needs of the victimized child. These factors include: *a)* parental awareness, which refers to parental understand-

ing of the child's needs and perspectives independent of parental needs; *b)* social supports, including friends, family, and other adults that the child can turn to, as well as clubs, organizations, and other activities with which the child may be involved; *c)* family adaptability, the extent to which the family is able to respond to situational and developmental stress; *d)* family cohesion, the degree of emotional closeness shared within the family; *e)* intervention helpfulness, the degree to which the variety of institutional responses following disclosure are felt to be both important and useful; and *f)* negative life events for the family that may pose obstacles to the sensitivity of the family environment.

The behavior set. This construct is comprised of behavior indicated by previous research and clinical findings as most likely to be affected by sexual abuse. These include: *a)* distress, including expressions of anxiety and depression; *b)* aggression; *c)* somatization; *d)* sexualized behavior; and *e)* achievement.

These domains and their constructs can be understood to represent elements of experience at any given point in time. Time and change are other dimensions to be considered.

THE TRANSACTIONAL MODEL

The domains discussed above do not exist in isolation nor are they static in time. Rather, and in keeping with a life-span developmental perspective, the view of the child as engaged in patterns of reciprocal influence of environment, cognition, and behavior can be understood as transactional, as well as interactional (Sameroff & Chandler, 1975). In a transactional model, influences evolve over time, and changes in one domain may effect changes in all other domains. With a transactional model, person and environment are both active in their mutual influence. They influence behavior separately and interactionally. Behavior, too, interacts with person and en-