



DECONSTRUCTING MAINSTREAM DISCOURSES OF CHILD AND YOUTH DEVELOPMENT AS IT CONNECTS TO SEXUALIZED VIOLENCE AGAINST CHILDREN

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Article abstract

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DECONSTRUCTING MAINSTREAM DISCOURSES OF CHILD AND YOUTH DEVELOPMENT AS IT CONNECTS TO SEXUALIZED VIOLENCE AGAINST CHILDREN

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Abstract: This article reviews literature on survivors of child sexual abuse (CSA) who were preschool-aged when the abuse occurred, and applies critical discourse analysis to reveal power relations within this field of research. Utilizing themes of narrative theory, this article demonstrates how the current discourse has promoted a single story of developmental trajectories marred by entrenched deficits. The reviewed literature often utilized definitive language in describing a narrative of damage that not all survivors identify with. We critically examine this narrative as an expression of power that risks misrepresenting a large group of people. Additionally, we recommend that future research promote a discourse of multiple stories in which survivors have agency to author their own stories.

Keywords: sexualized violence, child sexual abuse, CSA, survivor, narrative, development, research.

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Sexualized violence is a term that encompasses acts of rape, sexual coercion, unwanted sexual contact, non-contact unwanted sexual experiences, and stalking (Breiding, 2015). Research in this field is still in its early stages and Hamby (2014) argued that further study in this area could positively impact preventive measures. Hamby went on to state: “Systematic study led us from the view that intimate and sexual violence are rare acts committed by a deviant few to understanding that they are distressingly common events that touch large swaths of the population” (p. 150).

Unfortunately, a precise estimate of how many people have experienced child sexual abuse (CSA) is difficult to derive, given the self-reported nature of the crime (Tejada & Linder, 2018). However, in Canada, it is estimated that 55% of police-reported sexual offences involve a child or youth; in 2012, approximately 14,000 such cases were reported (Cotter & Beaupré, 2014). However, as Collin-Vézina et al. (2013) highlighted, there is a discrepancy between the low rates in official reports of CSA and the high rates in self-reported CSA. Collin-Vézina et al. went on to suggest that “this problem is often referred to as the phenomenon of the ‘tip of the iceberg’, where only a fraction of CSA situations is visible, and a much higher proportion remains undetected” (p. 2). Despite discrepancies, cases of child sexualized violence remain far too common: according to Tejada and Linder (2018), “The Center for Disease Control has found that approximately 1 in 6 boys and 1 in 4 girls are victimized by CSA by the age of 18” (p. 1833).

Statistics on preschool-aged survivors of CSA are even more sparse. However, Tejada and Linder (2018) argued that this age group should not be dismissed from the research; they estimated that approximately 35% of CSA victims in the United States are less than 7 years old. Despite the large number of survivors in this age group, very few studies have examined it specifically (Charest et al., 2018a, 2018b; Collin-Vézina et al., 2013; Hébert et al., 2013). Rather, research examining adults has been widely covered in sexual abuse research (Hébert et al., 2013). Additionally, research suggests that a preschool child’s response to and experience of CSA will undoubtedly differ from that of an older child (Cohen & Mannarino, 1993, p.117). To address the imbalance in the literature, this paper will focus on preschool-aged children and will examine how outcomes of abuse are understood and applied.

As mentioned above, research has revealed the substantial reach of child sexualized violence. However, through our research, we have encountered a common theme of medicalizing survivors’ experiences to validate a study’s importance. For example, Murray (2015) demonstrated the severity of this issue in terms of the outcomes of abuse, stating that women with a history of sexualized or domestic violence “are at an increased risk for physical, emotional, and psychological symptomatology (Laffaye et al. 2003; World Health Organization); increased fear, concern for physical safety, and PTSD symptoms (Black et al.)” (p. 271). Moreover, the literature describes the developmental trajectory of child survivors as entrenched with deficits. Under this view, the likely results of sexualized violence in childhood are post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and sexually deviant behaviour, among many others

(Bonvanie et al., 2015; Fergusson et al., 2013; Sigurdardottir & Halldorsdottir, 2018; Tejada & Linder, 2018). Although these outcomes are presented with the intention of shedding light on the seriousness of the issue, we wonder to what degree the ongoing pathologization enacts power over survivors, and ultimately denies them the agency to construct their own narratives. We center our research within the belief that language is not neutral, and that research is an expression of politics and power. We concur with Coates and Wade's (2007) belief that "speech may be free but the means of making one's self heard and having one's position given credence are not equally available to all" (p. 511). We interpret this to mean that those of us with the power to make ourselves heard have a responsibility to uphold the truths of those who have been silenced in the discourse that we present and promote.

We are curious whether the exploitation of survivor hardship reinforces both stigma and shame and ultimately uses their individual stories to drive a discourse that problematically confines them within a single narrative. In other words, does the current discourse limit survivors to a story of hardship and inevitable deficit? Are there stories that could be highlighted to emphasize alternative scenarios for survivors?

Utilizing narrative theory, we conducted a systematic review on the general discourse of child survivors of sexual abuse as it relates to language and identity in child and youth development. Throughout this review, we will be highlighting the limitations of the current literature, particularly as it relates to children from 0 to 5 years old. Additionally, we will be deconstructing the language and general discourse that currently pervades this field of research, with an emphasis on finding multiple narratives.

Methods

The methods we chose to employ reflect our epistemological belief in the idea of multiple realities that uniquely interact with our histories to create our understanding of the world we live in. As interpretivist and critical scholars, our research explores the damage narrative that is perpetuated in relevant research and literature and highlights how this narrative is an expression of power.

To achieve this stance, we have utilized themes of narrative theory to frame our data collection. Our inquiry is rooted in critical discourse analysis (CDA) methodology and document review methods. CDA was chosen because it focuses on shifting the social structuring of semiotic diversity and the productive semiotic work, where semiosis refers to all forms of meaning-making. In other words, it is concerned with both structure and action. CDA analyzes texts that are considered politically or culturally influential to a given society (Weiss & Wodak, 2007). However, CDA methods are broad in nature. Huckin (1997) argued that CDA can be characterized "as an approach or attitude toward textual analysis rather than as a step-by-step method" (p. 87). Further, Scott (1990) described documents as socially situated products that must be studied as such. This suggests that reviewing documents can reveal socially constructed meanings that go far

beyond a neutral exchange of words. Therefore, we have utilized CDA to frame our inquiry and interpret the reviewed texts.

A systematic review was the selected method for this paper, adapting the suggestions of Droogan and Cullum (1998) to fit its purpose and scope. Scholarly, peer-reviewed studies of qualitative, quantitative, or combined methods were included in this review if they fulfilled the following criteria:

- Published in Canada
- Published in the last 15 years
- Examined developmental outcomes of CSA
- Included specific data on preschool-aged children

Studies were identified using a systematic search of electronic libraries, including Google Scholar and the University of Victoria's McPherson Library database. Keywords included "child sexual abuse", "preschool children", "outcomes of abuse", and "development". Additional searches included "impacts of abuse", "child sexualized violence", and "CSA". These terms were searched in combination to yield relevant results, and studies were included if they met all or most of the outlined criteria.

Theoretical Orientation

An important aspect of this study was to generate in-depth perspectives of preschool survivors of CSA, which are largely missing from the literature. Currently, our knowledge is often limited to individual stories of hardship, which is to ignore the complexities of CSA, including the fact that some survivors do not experience adverse symptoms (Collin-Vézina et al., 2013). Academic accounts of sexualized violence utilize narratives of damage to justify the importance of their research (Woodiwiss, 2014). However, Woodiwiss troubled this use of damage narratives, arguing that CSA is morally wrong regardless of physiological symptoms or damage (p. 149). Rather than focusing on damage, we have utilized narrative theory to emphasize the importance of highlighting the complex experiences of survivors.

The current literature on sexualized violence consistently pathologizes survivors and medicalizes their experiences, which ultimately blurs the human experience. We approach this research with the hope that we can contribute to a shift in this dominant discourse and support a narrative that is indicative of the multiple human experiences of survivors. Reynolds (2020) argued that an activist-informed approach to suffering centers around witnessing, whereby practitioners "situate personal suffering in its sociopolitical context and resist the individualisation and medicalisation of suffering" (p. 347).

In congruence with the process of witnessing over pathologizing, Huang Hoon et al. (2018) highlighted a TED talk given by Chimamanda Ngozi Adichie in 2009 on the danger of being

limited to a single story. This refers to the idea that “as humans we get caught up in one narrative about the world and therefore fail to appreciate the full complexity of the people and the phenomena that surround us” (Huang Hoon et al., 2018, p. 98). This is an idea that has particular application to the phenomenon of sexualized violence and the stories of its survivors.

Results

The initial search produced over 6,000 articles matching at least one search term. From these, 231 articles were selected because they related to at least one combination of terms. The results were further narrowed down through reading abstracts to identify compatibility with the outlined criteria. Ultimately, 15 articles were chosen for review based on their relevance to the study, all containing some combination of the outlined criteria (see Figure 1). Of the 15, six were quantitative, three were mixed methods, and six were qualitative (including five literature reviews). The results of the systematic review are displayed below in Table 1.

Figure 1. *CSA Literature Review Selection*

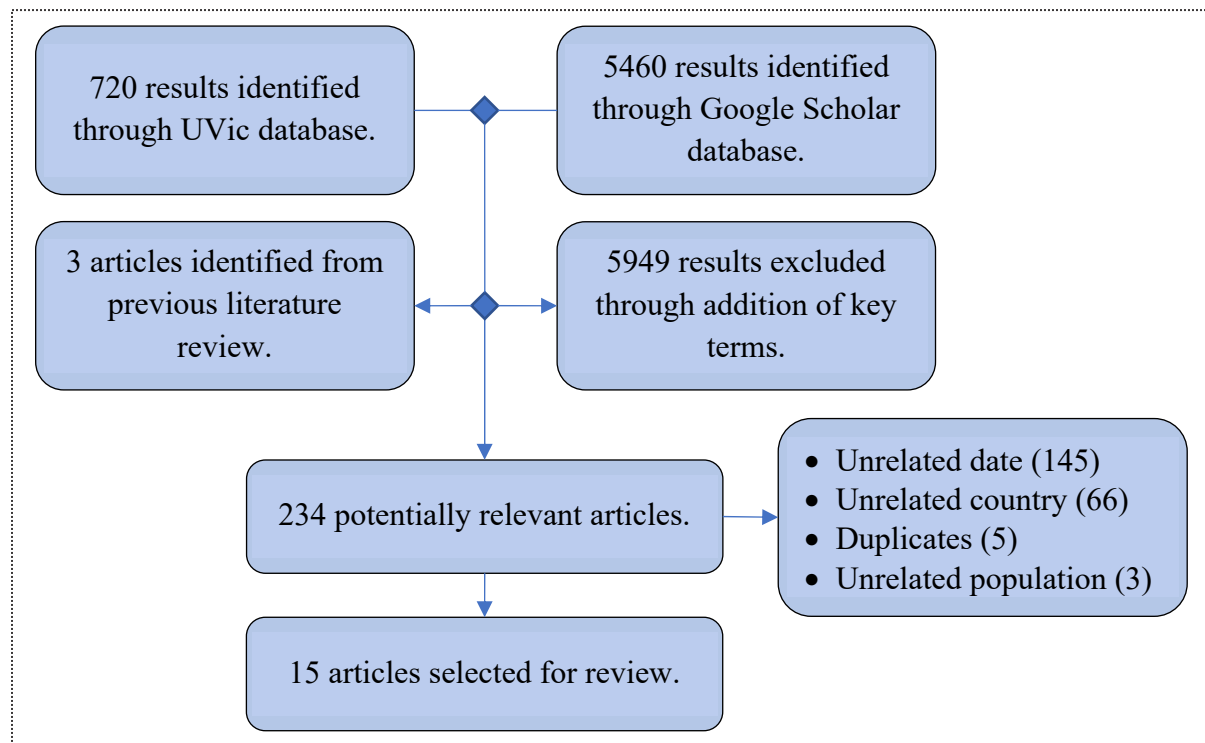


Table 1. *Literature Review Results*

Study	Findings	Strengths	Limitations
Amédée et al. (2019): Canada Design: Quantitative Measures: TRF (Teacher report form) ERC (Emotion regulation checklist) Participants & Sample Size: Educators of 283 children ($M = 8.89$ years) and 60 children in comparison group.	CSA was moderately correlated to emotion regulation competencies ($r = -0.25$, $p < 0.05$), withdrawal ($r = 0.26$, $p < 0.05$), and social problems ($r = 0.29$, $p < 0.05$).	Teachers had no knowledge of participants' CSA histories, and thus gave more objective analysis.	There is no way of knowing if the comparison group did not have CSA history. Additionally, a single informant approach can limit results.
Bonvanie et al. (2015): The Netherlands Design: Quantitative Measures: YSR (Youth Self Report) Participants & Sample Size: At baseline T1 2230 youth, at T4 1680 youth. Participants were school-aged children ($M = 11.1$ years) in 5 different municipalities of the Northern Netherlands.	Sexual abuse significantly predicted a higher level of functional somatic symptoms (FSSs) during adolescence when adjusted for age, type of questionnaire, and socioeconomic status (SES). Contact sexual abuse predicted a higher level of FSSs while no significant association of non-contact sexual abuse with FSSs was found.	Large population cohort. The prevalence of FSSs found in this study was similar to previous studies. The variable FSSs was composed of a spectrum of FSSs. The hierarchic sexual abuse scale used in this study reduced the loss of information. FSSs were prospectively assessed, which reduced the chance of report bias. Analyses were adjusted for SES and symptoms of anxiety and depression.	The effect of sexual abuse on FSSs was not adjusted for other types of abuse. Due to the questionnaire format, it cannot be ruled out that some FSSs were actually medically explainable symptoms.
Cale & Lussier (2016): Canada Design: Mixed methods Measures: CTS (Conflict Tactics Scale) CSBI (Child Sexual Behaviour Inventory) Marlowe-Crowne Scale Participants & Sample Size: Multisampling strategy included 311 children (aged 3–5 years); 21 in the at-risk clinical sample, 206 in the at-risk community sample, 111 in the comparison sample. 27 children were eliminated due to study criteria.	Growing up in a household where there is sexual coercion between the parent figures was, of all aggressive behaviours, uniquely associated with inappropriate sexual behaviours among children as young as 3 years old. Children who experience difficulties inhibiting one form of unacceptable behaviour towards others, such as aggression, are also likely to experience difficulties inhibiting others, such as sexual behaviours.	Although in some ways a narrow geographical scope is a limitation, localized information can also be valuable; as here, it can offer longitudinal studies in an area that does not get much attention. This study can serve as an initial step toward a clearer understanding of sexual development.	The sample was limited to one country, and had a relatively small size, so generalizations should be made with caution. Findings were dependent on retrospective recall. It is also possible that victims of sexual coercion are more sensitive to sexual behaviours and may notice them more.

Study	Findings	Strengths	Limitations
Charest et al. (2018a): Canada Design: Mixed methods Measures: Sociodemographic questionnaire for parents Attachment Story Completion Task for children ASCT Q-Sort CBCL (Child Behaviour Checklist) for parents to evaluate Participants & Sample Size: 258 children aged 3.5–6.5 ($M = 4.46$ years), who had been sexually abused and their non-offending parents were recruited from two specialized intervention centers. The comparison group containing 133 children was recruited from daycare centers and kindergarten classes.	More disorganized attachment representations at T1 were associated with higher levels of internalizing and externalizing symptoms at T2. Children's capacity to develop adequate strategies and effectively cope with stressors may be impaired by the occurrence of CSA.	To date, this is the first study to examine the association of CSA with attachment and behaviour problems. The longitudinal design provided a unique perspective on the potential effects of attachment representations on CSA victims' behaviour problems over a 1-year period. The study had a comparison group and a large sample size.	Children's behaviour problems were only evaluated by a parent; a multi-informant approach might be more accurate. Social and emotion regulation competencies that could have been informative regarding other underlying mechanisms were not considered in the models. There was a high level of attrition in the CSA group.
Charest et al. (2018b): Canada Design: Mixed methods Measures: Story completion task MacArthur Story Stem Battery translated to French Participants & Sample Size: 391 children aged 3.5–6 ($M = 4.46$ years), with 258 children who had been sexually abused and their non-offending parents recruited from from two specialized intervention centers and 133 children in the comparison group recruited from daycare centers and kindergarten classes.	Sexually abused preschoolers presented significantly higher levels of hyperactivation and disorganization in their stories compared to non-abused children. Although there was a higher prevalence of CSA in mothers of abused children relative to mothers of non-abused children (42.9% vs. 11.3%), no differences were found in terms of child attachment representations.	The inclusion of a comparison group allows for stronger conclusions regarding the profiles of preschool victims of CSA. The sample is of considerable size, which increases statistical power and enhances the generalizability of the findings.	It is not possible to assess whether children's attachment representations were present before CSA or instead resulted from it. The study lacked a reliable way of assessing mothers' previous victimization.

Study	Findings	Strengths	Limitations
Collin-Vézina et al. (2013): Canada Design: Qualitative Review based on previous research.	CSA is a major risk factor in the development of mental health problems, affecting both the current and future well-being of victims. Considering that many victims continue to go undetected, the roots of these mental health problems may also be unrecognized. We should prioritize the development of strategies to address the barriers to disclosure and reporting. To prevent CSA, global preventive approaches targeting personal, family, and societal conditions need to be explored and validated.	The authors offer an adequate synopsis of information that is typically challenging to find in one place.	The authors do not report their methods. For example, they do not say what databases they searched, or the time frame they looked at.
Ensink et al. (2017): Canada Design: Quantitative Measures: CDC (Child Dissociative Checklist) CBCL (Child Behaviour Checklist) CSBI (Child Sexualized Behaviour Inventory) Participants & Sample Size: Mothers of 138 sexually abused children aged 2–12 ($M = 6.5$ years), and mothers of 152 children in the control group participated in the study's data collection. The CSA group was recruited from specialized services. The control group was recruited through flyers distributed in the community.	CSA was associated with lower family incomes, maternal education level, and different family structure (mother divorced or single). There were no significant differences between the effects of intrafamilial and extrafamilial abuse in terms of dissociation, internalizing, externalizing, and sexualized behaviour difficulties. Also, no significant differences between the effects of penetrative and non-penetrative abuse were found.	The study offered a relatively large sample that included mothers of both male and female sexually abused children in a young age group.	The reliance on parent reports of observable symptoms of dissociation can be considered a methodological limitation considering that shared method variance may have artificially inflated the relationships between various measures reported by parents.

Study	Findings	Strengths	Limitations
Hébert et al. (2013): Canada Design: Quantitative Measures: PRESS (Preschool Symptom Self-Report) completed by child CBCL (Child Behaviour Checklist) completed by parent Participants & Sample Size: 59 sexually abused children aged 4–6 years old ($M = 5.03$ years) and their non-offending parent were recruited from specialized intervention settings; 66 children in the comparison group were recruited from daycares and kindergartens.	Sexually abused preschoolers are more likely to struggle with feeling unloved, self-image, worrying, fatigue, sadness, socialization, and psychomotor deficit. ANCOVAs controlling for family structure revealed that caregivers of sexually abused children reported higher levels of both internalized and externalized behaviour problems; for instance, 42.9% of sexually abused children reached clinical levels of internalization, while only 1.5% of non-abused children did.	This study included a comparison group; allowing for stronger conclusions. Additionally, it utilized a self-report measure, which may amplify agency in abuse survivors.	Sample size, while comparable to other published studies, was small and did not allow sufficient power to conduct gender-based analyses. The sample was limited to families that sought services or were identified and referred to services by CPS agencies or police authorities.
Hébert et al. (2014): Canada Design: Quantitative Measures: Quebec's Youth Romantic Relationships Survey Participants & Sample Size: Data were collected among 694 youths enrolled in secondary 3 to 5 through a one-stage stratified cluster sampling of 34 Quebec high schools. 573 participants were female, while 121 were male.	A significant proportion of youth had experienced CSA (15% in girls and 4% in boys), with girls more likely than boys to report sexual trauma. Many teenagers who were victims of sexual abuse displayed PTSD symptoms (25.5%). Data suggest that older teenagers were more likely to display clinical levels of PTSD symptoms. Girls were more likely to achieve clinical levels of symptoms of intrusion, avoidance of stimuli related to the trauma, and hyperarousal.	The study utilized a large sample size and included both male and female participants.	The design of the study didn't allow for the exploration of sequencing of intervening variables. The measures evaluating social support used were based on a rather limited set of indicators and did not disentangle important factors that may have influenced the role of sibling support. Also, it did not explore the interplay among gender, resilience, and support.

Study	Findings	Strengths	Limitations
Langevin et al. (2015): Canada Design: Quantitative Measures: ERC (Emotion Regulation Checklist) completed by parents and educators MSSB (MacArthur Story Stem Battery) completed by children Participants & Sample Size: A total of 127 children, their non-offending parents, and their teachers participated. There were 62 children in the CSA group and 65 in the comparison (non-CSA), all aged 41–79 months ($M = 57.7$ months).	Both parents and educators reported lower emotion regulation competencies in sexually abused preschoolers, especially boys, than in non-abused children. The narrative task completed by the children also revealed lower emotion regulation competencies in sexually abused boys.	This study utilized a multi-informant approach. The coding system designed for the purposes of this study is quite innovative as it allows researchers to assess children's inner emotion regulatory processes in a playful context.	The number of missing evaluations from educators in the SA group is relatively high. Furthermore, the small proportion of boys in the sample limits the statistical power and generalization of the findings.
Lindert et al. (2013): Germany Design: Qualitative Review based on previous research.	Abuse occurring in childhood may become apparent at any time during the life course. Pooled estimates suggest at least a doubled odds ratio (OR) for depression and for anxiety related to sexual abuse, and a smaller but still significant increase in OR for anxiety related to physical abuse.	The authors offer an adequate synopsis of information that is typically challenging to find in one place.	Abuse experience was reported retrospectively in all of the studies included in the meta-analysis. The study was also restricted to original research studies reporting adjusted ORs. There were no detailed data on such important aspects of abuse as frequency, duration, and severity.
Paolucci et al. (2001): Canada Design: Qualitative Review based on previous research.	CSA is associated with the development of PTSD and depression, as well as with suicide, sexual promiscuity, the victim-perpetrator cycle, and poor academic performance, regardless of victim age, gender, or socioeconomic status.	The authors offer an adequate synopsis of information that is typically challenging to find in one place. Additionally, the analysis covers a considerable amount of literature.	Results are limited to major journals. Additionally, it is difficult to differentiate between PTSD and depression symptoms.
Sanjeevi et al. (2018): United States Design: Qualitative Review based on previous research.	CSA continues to be a social problem of high relevance to clinicians, given its high national and global prevalence rates and its associations with negative adjustment in survivors across the world. Clinicians need to be aware of how risk and resilience factors may manifest differently across cultures, and provide culturally educated services to survivors.	The authors are contributing to an understudied aspect of CSA.	Knowledge of how abuse consequences arise across cultures remains limited; the amount of literature reviewed was correspondingly minimal.

Study	Findings	Strengths	Limitations
Sigurdardottir & Halldorsdottir (2018): Iceland Design: Qualitative Phenomenological case study Participants & Sample Size: Data were collected from one female CSA survivor.	The study found that CSA has physical consequences for the body, namely FSSs. It was also noted that health care providers failed to recognize and validate the survivor's lived experiences.	The authors offer in-depth data and do so utilizing the voice of a CSA survivor, providing a deeper understanding of the lived experiences of the physical health consequences of CSA.	Results cannot be generalized as the study consisted of only one participant.
Tejada & Linder (2018): United States Design: Qualitative Review based on previous research.	Preschool-aged victims of CSA are particularly at risk of experiencing adverse impacts on their health and development, among them: (a) dissociative symptoms; (b) sleep problems; (c) emotion regulation deficits; (d) PTSD symptomatology; and (e) behaviour problems.	The authors are contributing to an understudied aspect of CSA.	The authors did not explore why some children experience particular consequences and others do not.

Discussion

Interestingly, only six of the 15 reviewed articles collected data directly from survivors. Only one of those, by Sigurdardottir and Hallorsdottir (2018), directly utilized quotes to amplify a survivor voice.

There was a consensus in the articles that sexual abuse has negative consequences on the development for children, including preschool-aged children. Tejada and Linder (2018) stated that, “Overall, the research shows that children who are exposed to sexually traumatic events are likely going to experience permanent, long-term, and/or short-term effects to their development” (p. 1837). Nearly all studies reported that children will experience mental health challenges either immediately after the abuse or later in life. Other outcomes of abuse that were commonly reported were dissociative symptoms (Collin-Vézina et al., 2013; Ensink et al., 2017; Hébert et al., 2013; Tejada & Linder, 2018), and emotion regulation challenges (Amédée et al., 2019; Langevin et al., 2016; Tejada & Linder, 2018). Additionally, functional somatic symptoms (FSSs) were mentioned in two articles (Bonvanie et al., 2015; Sigurdardottir & Hallorsdottir, 2018).

Mental Health Outcomes

All the reviewed articles highlighted mental health consequences as an outcome of CSA. According to Oddone Paolucci et al. (2001), “The results are clear; CSA is associated with the development of PTSD and depression, as well as with suicide, sexual promiscuity, the victim–perpetrator cycle, and poor academic performance, regardless of victim age, gender, or socioeconomic status” (p. 33). Lindert et al. (2013) specified that PTSD, anxiety, and depressive symptoms may develop at any time over the lifespan for CSA survivors, suggesting that CSA can affect one’s development at any time. Although we don’t deny that adverse outcomes are a possibility, the utilization of definitive language by these authors implies that survivors are bound to a damage-centered developmental trajectory. Schulz (2014) analyzed language used by professionals in family court, reminding us that one’s beliefs can be implied through discourse without being explicitly stated, and went on to argue that how and what is being said is evidently a form of power. Taking that view, when authors use definitive language, they exert power over survivors’ stories and limit them to one possibility, that of their development and identity being marred by entrenched deficits. Ultimately, this can mean neglecting a group of survivors who might not identify with the dominant damage narrative.

Dissociation

Dissociation refers to “a complex psychological and neurophysiologically based process characterised by disruptions in and fragmentation of the usually integrated functions of consciousness, memory, identity, body awareness and perception of the self and of the environment (American Psychiatric Association, 2013)” (Ensink et al., 2017, p. 117). Collin-Vézina et al. (2013) stated that, in the few studies that focus on preschool-aged children, high

levels of dissociation were documented. The literature on CSA developmental outcomes suggests that dissociation could be a key factor in the development of adverse CSA effects. Although Ensink et al.'s (2017) study offers useful data for the development of intervention strategies, we observed that they utilized third-party evaluators (mothers of CSA survivors) for their data collection. This is a common practice in CSA research, but we would be curious to know to what extent survivors themselves identify with the idea of dissociation. Additionally, a witnessing stance would question how dissociation might be a necessary act of resistance to the abuse. Reynolds (2020) described resistance as “all of a person’s or people’s responses against abuses of power and oppression, and the many ways that they maintain their dignity and move towards justice” (p. 353).

Emotion Regulation Difficulties

According to Amédée (2019), “Emotion regulation competencies refer to one’s ability to modulate his/her emotional response in a manner that is appropriate for the context” (p. 1078). Emotion regulation difficulties were highlighted by multiple studies, each of which identified sexually abused preschoolers as more likely to experience challenges in regulating their emotions. In other words, children who have experienced CSA are more likely to exhibit externalizing or internalizing behaviours. Langevin et al. (2015) suggested that the development of one’s socioemotional capacity is contingent upon adequate emotion regulation, going on to argue that if this aspect of development is not targeted in preschool CSA survivors, it could lead to psychopathology. Amédée (2019) further suggested that difficulties with emotion regulation can lead to behaviour problems, PTSD symptoms, and peer victimization.

Functional Somatic Symptoms

Bonvanie et al. (2015) defined FSS as symptoms that are not well explained by or attributed to an underlying pathology; those symptoms may include pain, stomach aches, headaches, nausea, vomiting, dizziness, and fatigue. The idea that the body responds to trauma through these symptoms was of particular interest to us as our research focuses on an age group in which memory and language are not yet fully developed. Sigurdardottir and Halldorsdottir (2018) argued that there is no real distinction between mind and body because the brain, nervous system, endocrine system, and immune system work in coordination with one another, demonstrating this through an in-depth case study of a CSA survivor named Anne. Anne provided a timeline of her many experiences of CSA and the physical symptoms she experienced, including chronic ear infections, mumps, ovarian cysts, loss of sight and hearing, and eventually ovarian cancer. The timeline of these afflictions hints at possible connections between sexual abuse and the victim’s subsequent physical health and development. This study was unusual in that it was the only document to amplify the voice of a survivor and offer personal insights into the need for health care providers to validate lived experiences and connect them with holistic health.

Alternative Stories

It is clear that the reviewed studies identified many negative consequences of CSA. However, Collin-Vézina et al. (2013) did briefly mention alternative stories: “Despite overwhelming evidence of deleterious outcomes of CSA, it is commonly agreed that the impact of CSA is highly variable and that a significant portion of victims do not exhibit clinical levels of symptoms” (p. 4). Sanjeevi et al. (2018) seemingly shared this view and suggested that negative outcomes and symptomatology are not inevitable. Additionally, Oddone Paolucci et al. (2001) illustrated definitive language in their descriptions of different beliefs within the field of CSA research. The authors suggested that some researchers argue the impact of CSA has been vastly overstated while others “contend that victims of CSA experience numerous detrimental effects and disturbances” (p. 18). This stance seemingly reduces the experience of sexualized violence survivors to either damaged or symptomless. We challenge this either–or stance and suggest that research should include multiple stories through first-person narratives. This challenge is rooted in our concern that when we make definitive statements about the trajectory for CSA survivors we risk misrepresenting a group of people that we intend to help.

Although Collin-Vézina et al. (2013) and Oddone Paolucci et al. (2001) identified that not all survivors experience adverse effects, the authors failed to embrace this fact as part of the narrative surrounding CSA survivors. We wonder whether the continuous amplification of the single dominant narrative propels survivors toward negative outcomes. It’s important to note that we are not denying the potential harmful effects of CSA; rather, we ask that this not be the only thing we look for in survivors of sexualized violence. Sigurdardottir and Halldorsdottir (2018) shared a similar sentiment in stating that there have been only minimal attempts to study the lived experiences of survivors, and arguing that researchers should focus on gathering in-depth information on survivors’ lived experiences.

Missing Voices

A notable trend in the reviewed literature is the lack of survivor voice. Several studies collected data from caregivers and teachers rather than from those who actually experienced the underlying incidents — the survivors. Only one article — Sigurdardottir and Halldorsdottir’s (2018) — featured survivor voice through qualitative design; it, however, was solely focused on the negative health consequences of one participant’s experiences of CSA. An excerpt from Amédée and colleagues’ (2019) study illustrates this issue by summarizing a general attitude toward CSA survivors that the reviewed literature helps perpetuate: “Relying on teachers’ evaluation may represent a better alternative than using children’s perceptions of their own social difficulties. As such, Blanchard-Dallaire and Hébert (2014) found that sexually abused children tended to report fewer difficulties than their teachers [do]” (p. 1086).

This view not only takes away agency from survivors, but also depicts the power dynamic and continuous pathologization entrenched in CSA research and literature. Ultimately, it denies survivors the agency to decide how they have responded to violence. Our argument aligns with

Gildea (2020), who stated: “Our reliance on discursive language and normalized expectations of wellness constructed predominantly by professionals who ... have not had the ground ripped out from under them, cannot be expected to provide adequate structures of meaning-making to society or to survivors” (p. 13).

Limitations of the Literature

As mentioned earlier, the exact number of CSA survivors or prevalence of CSA is nearly impossible to determine; nor, due to a variety of barriers, is the experience of survivors generalizable. Most articles on CSA contain the following limitations to their research: stigma, selection bias, and a lack of information sharing. First, Murray et al. (2015) defined stigma as “a mark of disgrace associated with a person, circumstance, or quality” (p. 272), then went on to argue that victims of sexualized violence are subjected to several forms of stigma, including “blame, ‘black sheep of the family’ role, discrimination, isolation, labeling, loss of power and status, secrecy, separation, shame, social exclusion, and stereotypes” (p. 272). This tendency to stigmatize victims’ experiences can result in a fear of reporting instances of abuse and a hesitancy to share experiences as a research participant.

The second limitation researchers highlighted is the idea of selection bias. With society influencing our perception of survivors of sexualized violence as somehow defective, it is easy to understand why people are uncomfortable sharing these experiences. Research should consider the extent to which the reliability and comprehensiveness of CSA data is affected by inconsistencies in reporting. Is there a certain type of person who reports sexualized violence, or a certain kind of person who is responsive to surveys? What about the experiences of those who are not comfortable sharing this information? This is a large body of knowledge that we are attempting to conceptualize without all the necessary information.

A further limitation of research into CSA is the lack of information-sharing. Although this is probably intended to protect the privacy of participants, it feels unethical to know how widespread sexualized violence is but fail to ensure that the public understands the severity or intricacies of the problem. With a greater quantity of open data sources, researchers could more easily build upon existing knowledge and further advance our understanding of sexualized violence.

When considering preschool-aged children in CSA research, there is an added layer of challenge. Language and memory capacities are still developing in young children; therefore, most reports of abuse are delayed, and thus rely heavily on the recall of survivors (Goodman et al., 2019). These challenges have often been used to discredit the allegations made by survivors later in life; on the other hand, many researchers have argued that emotional events improve memory recollection in that emotional or traumatic memories are typically remembered with more clarity than non-emotional events (Arntz et al., 2005; Goldfarb et al., 2018; Goodman et al., 2019). With this in mind, it is important that researchers value and uphold retrospective accounts of CSA, as survivors may not have the capacity to come forward until later in life.

Conclusion

The results of this study showed that survivors of CSA can and sometimes do experience negative consequences on their development throughout the lifespan. Charest et al. (2018b) stated that, “According to the developmental psychopathology framework, adverse childhood experiences, including child sexual abuse (CSA), may alter the course of normal development in children” (p. 471). With regard to adults, Sanjeevi et al. (2018) suggested that “CSA has been associated with various aspects of [impaired] adult social functioning, such as parenting, relationship satisfaction, and relationship adjustment” (p. 628).

All articles suggested that survivors will experience elevated rates of PTSD and depression, while some also mentioned added risk for suicide (Collin-Vézina et al., 2013; Hébert et al., 2014; Lindert et al., 2013; Sanjeevi et al., 2018; Tejada & Linder, 2018) and risky or age-inappropriate sexual behaviour (Cale & Lussier, 2016; Collin-Vézina et al., 2013; Langevin et al., 2015; Oddone Paolucci et al., 2001). Several other outcomes were additionally identified, including dissociation, emotion regulation difficulties, and FSSs.

These largely negative outcomes paint a picture of seemingly inescapable hardship and deficit for survivors of CSA. However, the research does show that adverse effects are not inevitable for all CSA survivors, which raises the question of whether research that pathologizes and medicalizes experiences of sexualized violence implicitly denies alternative stories. Additionally, the reviewed literature did little to amplify the voices of survivors: only one of the 15 articles provided in-depth data collected directly from a survivor. Several studies utilized third-party evaluators, such as parents and teachers, to assess the outcomes of CSA in cases with which they were familiar.

Through focusing on language and identity, it has become apparent that we don’t actually know much about the identities of CSA survivors beyond the challenges they are likely to face throughout the lifespan as a result of the abuse. Utilizing narrative theory with a CDA approach has effectively illustrated the power relations of CSA research, and ultimately has demonstrated that instead of survivors having agency over their own narratives, that agency is assumed by practitioners, family members, and researchers. The current climate of CSA research uses definitive language that presumes a developmental trajectory and identity without the participation of survivors, problematically placing researchers in a position of power. We argue that, despite the young age at which the CSA occurred, survivors have the right to author their own stories, whatever those may be.

This systematic review has important implications for practice in that it reveals that the information provided by the literature on CSA does not typically come directly from the source. Practitioners should be mindful of this and offer opportunities for survivors to speak to the entirety of their lived experiences, not only those aspects that highlight the negative consequences of CSA. In congruence with this idea, Sigurdardottir and Halldorsdottir (2018) suggested that further research should include more in-depth case studies that draw on larger samples of survivors. We

recommend that future studies give greater weight to retrospective accounts by CSA survivors. In other words, future research should include first-person narratives of adults who experienced sexualized violence in early childhood. Although the validity of retrospective research has sometimes been questioned given the presumed uncertainty of survivor memories, several researchers maintain that emotional events are in fact often remembered with great clarity (Arntz et al., 2005; Goldfarb et al., 2018; Goodman et al., 2019). Based on this review, we recommend that future research prioritizes first-person narratives of survivors to amplify their lived experiences and shift the discourse to include survivors' knowledge and diverse experiences.

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