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# Impact of Abuse Throughout a Child's Psychological Development

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## Impact of Abuse Throughout a Child's Psychological Development

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A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

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CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Impact of Abuse Throughout a Childs Psychological Development

This is to certify that the Capstone Project of

Michael Wurdeman

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

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### Abstract

The effects of childhood abuse on development from infancy through adulthood have been studied for many years. Professionals in the field of psychology and counseling have taken a strong interest in how adversity (e.g., abuse) affects developmental progression through Erikson's psychosocial stages; as often times, this abuse will hinder the development of the child as he or she matures into adulthood. Throughout this paper, the impact of childhood abuse specifically as it pertains to the development of mental health issues and chemical health will be examined.

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### **The Impact of Abuse on the Psychological Development of the Child**

Child abuse is an all too common practice in the United States with over six million children affected every year (Centers for Disease Control and Prevention [CDC], 2014). This is considered to be a serious issue, especially as the cycle of abuse continues since roughly 30% of abuse and neglected children will later abuse their own children (U.S. Department of Health and Human Services [HSS], 2013). Throughout this paper, I will address the impacts of abuse on the developing child using Erikson's theory of psychosocial development, the subsequent effects of the abuse on maturing adults, and treatment techniques, which have proven to be of aid when working with clients who have suffered from childhood abuse.

#### **Review of the Literature**

Erik Erikson, a world famous psychologist, developed a list of widely used developmental stages (1950). He suggests that everyone, regardless of geographical location, will go through eight psychological stages during their lifetime. The stages he proposes include trust vs. mistrust, autonomy vs. shame/doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation and integrity vs. despair (as cited in Logan, 1986). Like Sigmund Freud's theory of psychosexual development (Logan), Erikson's developmental stages are closely tied with ages in which people are expected to experience crises. Individuals will experience conflicts as they progress through these stages, but it is how the individuals handle these conflicts that will indirectly impact their lives. Erikson referred to these conflicts as crises, which must be faced before advancing to subsequent stages (Charles, Reynolds, & Gatz, 2001). The unsuccessful resolution of conflict, however, will

influence how subsequent stages unfold. As individuals continue to age they will progress through the stages regardless of whether or not the conflicts have been resolved. These stages build upon one another and the manner in which each task is resolved impacts the rest of development (Dunkel & Sefcek, 2009).

Individuals are pushed through these life stages by biological and social demands. This is important because it infers that individuals cannot remain in a stage until they have properly confronted their crises, but may be forced to enter the next stage unprepared. According to Dunkel and Sefcek (2009), improperly coping with a crisis formed in a stage has been proven to be detrimental in subsequent stages, as they are built upon one another. Therefore, properly managing crises within each stage is important for the successful completion of the later stages in adulthood.

Erikson describes one of the first stages leading to adulthood as identity vs. role confusion (Logan, 1986). This stage is often experienced during the teenage years; in this stage adolescents experience an “identity crisis”, which is described as an attempt to define who you are (e.g., career, religion, sexual identity, and so on), where you are heading and how you fit into society. As adolescents progress through this stage, they begin to focus in on developing an identity. This identity consolidation in adolescence provides the first real opportunity to develop continuity with the past, meaning in the present, and direction for the future (Marcia, 1994). As such, identity consolidation forms the cornerstone of the capacity to do well and the basis of self-acceptance and self-esteem (Schwartz, 2007). The successful resolution of identity issues provides the young person with a clear sense of self, well-defined personal beliefs and values, and a feeling of place within the community (Côté & Levine, 2002). The identity vs. role stage is

often a challenging stage to emerge from, as self-exploration is frequently an ongoing process; however, creating an identity is an important step in the following stage.

Following Erikson's Identity stage, new adults will find themselves in the intimacy vs. isolation stage (Dunkel & Sefcek, 2009). In this stage individuals seek out important external relationships. It is often during this stage that people begin dating and searching for long term relationships. The previous stage and requiring a true identity of self is arguably very crucial in successfully overcoming the crisis in the intimacy vs. isolation stage as Erikson (1968) argues the achieving intimacy is only possible when each person had developed a strong sense of identity separately. In Erikson's theory of intimacy, he argues that it is important that a person has a strong understanding and acceptance of who they are before entering into a long-term relationship within the intimacy stage of their life.

Erikson (1968) suggests that achieving intimacy is a difficult task for most adults, and even more difficult for those who have not properly handled the crises from previous stages. As stated earlier, each stage is a building block leading up to the next set of challenges; therefore, unsuccessful resolution in the past leads to an unsteady framework for future stages. Erikson's first stage of trust vs. mistrust plays a significant role in the intimacy stage. His concept of trust vs. mistrust revolves around whether or not infants become able to rely on other people to be responsive to their own needs. To develop a sense of trust, infants must be able to count on their primary caregivers to feed them, relieve their discomfort, come when beckoned, and return their smiles and babbles. However, if caregivers abuse their children through neglect, or fail to respond consistently to the needs of their child, the child is more likely to mistrust others in the

future. Erikson (1968) argues that individuals who have experienced neglect as a child tend to develop mistrust in their relationships as adults (Finkenauer & Hawk, 2011).

While it is not uncommon for individuals to resolve crises in the intimacy vs. isolation stage, others will spend the rest of their lives in search of intimacy. Those individuals who did not successfully cope with the crises in previous stages may find themselves isolating throughout this stage. Erikson (1968) suggests that the lack of intimacy may stem from mistrust, feelings of inferiority, role confusion or the lacking of identity. In addition, people who adopt a lifestyle of isolation demonstrate a difficulty forming relationships with others, which leads to greater feelings of loneliness.

The hindrance of successfully progressing through the intimacy vs. isolation stage can be brought about through several different variables. Many of these variables take place throughout early developmental stages, which continue to affect individuals as they advance into adulthood. A variety of abuses such as verbal, mental, and sexual have been proven to negatively affect the course of children's life responses. Specifically, the following sections discuss the impact of abuse on victims as they cope with past abuse and form relationships, as well as the link between abuse and mental health concerns in adulthood.

## **Abuse**

Child abuse occurs at an alarming rate in the United States with over six million children affected every year (HSS, 2013). Child abuse is often thought of as physical beatings, however, there are several other forms of abuse which children may face. The most common form, which makes up 78.5% of all child abuse cases is neglect, followed by other forms such as physical abuse, sexual abuse, psychological maltreatment and

medical neglect (CDC, 2014). Neglect can be define as “a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so” (USDHHS, 2007). Child abuse occurs at every socioeconomic level, across all ethnic lines and at all levels of education. Every form of abuse will shape the way in which a child develops. Unfortunately, abuse often falls into a vicious cycle, which is hard to break, as roughly 30% of abuse and neglected children will later abuse their own children (HSS, 2013).

Abuse is also correlated with other detrimental factors in the victim’s life, as studies find 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder (HSS, 2013). Abused children are also more likely to engage in sexual risk taking, causing them to be 25% more likely to experience teen pregnancy and putting them at greater risk for STD’s (HSS, 2013). Along with sexual behaviors that put children at risk, children who were abused are also more likely to use drugs. Studies have found that more than one third of adolescents with a report of abuse or neglect will have a substance use disorder before their 18<sup>th</sup> birthday, which is three times more likely than those without a report of abuse or neglect (U.S. Department of Health and Human Services [HSS], 2012). This substance use often carries over into adulthood as two-thirds of people in treatment for drug use reported being abused or neglected as children (CDC, 2014).

Abuse has also been linked with criminal behavior as Harlow (1999) finds that 14% of men and 36% of women in prison in the United States were abused as children, which is about twice the frequency seen in the general population. While this statistic shows an alarming number of inmates have been abused as children, it is speculated that

the actual number may be even higher as often men are shameful of being abused, especially in a sexual manner, and do not report their abuse (Harlow). These high percentages of incarcerated individuals having a history of abuse are not surprising as children who experience child abuse and neglect are about nine times more likely to become involved in criminal activity (HSS, 2012).

Clearly abuse is an epidemic in this country with very serious side effects on those who have experienced and survived it. The side effects of the abuse often lead to a poor lifestyle, as statistics show that abuse victims are more likely to suffer from psychological disorders, engage in early sexual activity, experiment with drugs and alcohol, are more prone to partake in criminal activities, and are more likely to become abusers themselves (HSS, 2012). Abuse certainly hinders the individual's ability to successfully face crises as they go through life, which decreases the individual's ability to advance through Erikson's stages. As described below, abuse will play its greatest role when the individual arrives at the intimacy stage as trust is an important factor, which may impact the individual throughout that person's lifetime.

### **Coping Strategies**

Children who experience abuse often develop coping mechanisms to implement throughout their lives as they progress through Erikson's stages of development (Davis & Petretic-Jackson, 2000). These coping mechanisms are sometimes maladaptive, and often affect how the individual will interact with others in their community. At times, such coping mechanisms lead to poor interpersonal boundaries. Interpersonal boundary issues often become more apparent as children progress into adulthood and begin searching for an intimate partner. For example, boundary issues may present with very

rigid boundaries, in which individuals do not allow others to develop close, loving relationships with them, or as very loose boundaries, in which individuals are not cautious of strangers or recent acquaintances so they may be easily taken advantage of or manipulated. Without proper boundaries, people who have been abused are more susceptible to poor relationships, which may result in re-victimization (Davis & Petretic-Jackson, 2000).

Cole and Putnam (1992) called attention to the familial and developmental context in which abuse occurs and offered hypotheses concerning variability in abuse effects that were primarily based on speculations about developmental differences in children's coping resources. For example, they argued that, in the preschool years, coping skills are limited, and children must depend on denial and dissociative strategies; that is because instrumental coping (e.g., refusing to participate) and avoidant coping are overridden by the social authority and physical proximity of the abusive father.

In the school-age period, the same authors suggested that increased introspective coping abilities make victims vulnerable to feelings of guilt and shame, which in turn makes it more difficult to increase the scope of their social experience and establish a sense of self-competence among peers. With an increased difficulty in establishing self-competence, there is a greater likelihood for the child to remain in Erikson's stage of initiative vs. guilt. Finally, Cole and Putnam (1992) contended that adolescent victims will cope through denial or rely on other immature coping strategies (i.e., impulsive behaviors) that would lead to misconduct such as substance abuse, sexual acting out, or running away. These arguments all suggest that the construct of children's coping is a crucial mediating variable in understanding and predicting post abuse mental health, and

that developmental level would act as a moderator of coping-symptom relationships (Spaccarelli, 1994). Studies suggest that coping skills such as substance abuse have the ability to lead the abused child to a more difficult life as they attempt to gain acceptance from others who abuse substances. Since the Federal Bureau of Investigations reports that one in ten crimes committed involve substances ("Crime in the United States", 2012), it is plausible that abused children are more likely to become incarcerated adults. Substance use is clearly one of the more dangerous coping skills used by abused children.

### **Relationships**

In addition for increasing risks of substance use as well as criminal activity, abuse victims may also have difficulty in sustaining relationships. As those who have been abused continue to develop, they enter Erikson's sixth stage in an attempt to avoid isolation they seek to find intimacy. Those who have been sexually abused and choose to seek out intimate relationships often face many problems within this psychological stage as the history of abuse impacts the individual's rationale for a good partner. Women, who desire a relationship yet face difficulty forming lasting and satisfying partnerships, are likely to have many short-term sexual relationships (Davis & Petretic-Jackson, 2000). It is believed that these short-term sexual relationships stem from the abused child's unresolved developmental stage of intimacy and their desire to find love. In past abusive relationships, this love is often obtained through sexual intercourse, which instills the thought process in the victims' minds that love is brought about through abuse (Davis & Petretic-Jackson, 2000). According to this model, sexually abused children are rewarded for sexual behavior with attention and affection. This may contribute to the precocious sexual activity frequently observed among children and adolescents who have

experienced sexual abuse (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991). According to Davis and Petretic-Jackson (2000), these patterns may continue into adulthood. For example, adult survivors tend to over sexualize relationships, feeling that they are obligated to provide sex or that sex can gain them affection.

The constant desire to fill the needs of intimacy coupled with short-term sexual relationships often correlates with higher rates of sexually transmitted diseases within the abused community (Heiman & Heard-Davison, 2004). The higher rates of sexually transmitted infections (STI's) may cause problems when searching for an intimate partner. These problems in specific interpersonal areas include bereavement, transitions or difficulty in important social roles, interpersonal deficits resulting in social isolation, and relationship conflict (Hollon, Thase & Markowitz, 2002). Hollon et al., (2002) suggests that the correlation between STI's and social isolation presents the possibility that the individual will suppress desires for intimacy for fear of being rejected and resort to isolation.

While children who were abused are susceptible to negative relationships as they grow older, it is important to remember that they are also susceptible to isolation. While looking at Erikson's theory of trust vs. mistrust, it is easy to see why many children who are neglected are unable to successfully work through their first crises. Thus, the act of searching for an intimate partner is infinitely more challenging as they find it much more difficult to trust others. This isolation stage presents the possibility that the individual will withdraw from society, along with those in their life who could potentially support the abused individual. This in turn presents the possibility that the individual will face a much more difficult time in the pursuit of finding intimacy, generativity and integrity.

## **Mental Health**

Victimization appears to be a significant factor for mental health problems in childhood (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991). Theorists, who have considered the impact of abuse from a developmental perspective (Alexander, 1992; Cole & Putnam, 1992). Cole and Putnam, have argued that incestuous abuse tends to compromise ongoing development in the related areas of social functioning and self-functioning. These developmental problems are associated with several types of symptomatology, for which adults molested, as children appear to be at elevated risk (i.e., PTSD, borderline personality, dissociative identity disorder, somatization disorder, eating disorder, and substance use) (Afifi, Henriksen, Asmundson, & Sareen, 2012). As abused children are more prone to developing psychological disorders, they become less capable of developing and managing healthy relationships with others. This lack of healthy relationships has a positive correlation with more persistent and substantial psychological problems such as depression (Chapman, Whitfield, Felitti, Dube, Edwards, & Anda, 2004; Gibb, Chelminski, & Zimmerman, 2007). A child who has been abused and developed a psychological disorder needs proper counseling and coping skills to avoid developing additional life problems.

Literature generally agrees that the long-term effects of child abuse are substantial and often detrimental in adults; however, the short-term side effects of mental health issues are still debated. Some studies focusing on children's self-reported symptomatology have found differences between abuse victims and non-abused controls on measures of self-esteem, depression, anxiety, and feelings of anger and hostility (Gomes-Schwartz et al., 1985; Mannarino, Cohen, & Gregor, 1989). Other researchers

argue considerable variability in short-term mental health outcomes among child victims of sexual abuse Finkelhor (1988). Studies examining base rates for elevated symptomatology have shown that between 20% and 50% of sexually abused children are asymptomatic when evaluated with measures commonly used in child psychopathology research (Caffaro-Rouget, Lang, & Van-Santen, 1989; Conte & Schuerman, 1987; Tong et al., 1987).

While there is somewhat of a disagreement among professionals regarding the short-term side effects of abuse, an overwhelming number of psychiatrist and doctors agree the long-term effects are very real. The dispute around short-term mental health effects vs. long-term effects relates to the danger of abuse. As a child, it is possible that they do not know the abuse is not “normal” and therefore accept the process until they become older and more educated to realize what was really happening when they were children. Finkelhor (1988) has argued, much sexual abuse does not occur under conditions of danger, threat, and violence, and the trauma of abuse often results from the meaning of the act as much as from physical danger. As children mature into adulthood and come to the realization of the meaning behind their abuse, it is not uncommon for adult victims of child abuse to seek counseling in attempts to cope with their traumatic past.

### **Treatment**

There has been much debate within the professional field of counseling as to the most effective measure of treating individuals who have suffered from abuse. Some of the more common practices within the field include inpatient and outpatient treatment, individual therapy and group therapy. Along with the different treatment modalities

come different theories as to what promotes change and encourages a better quality of life for victims of childhood abuse moving forward.

While developing a treatment plan, it is important to understand that not all clients are on the same developmental level (American Psychiatric Association, 2013). Based upon a history of abuse, clients may exhibit behaviors inconsistent with normal behaviors at their age, as it is common for adults to be stuck at previous life stages. As Erikson stated clients who have had difficulty successfully navigating through stages will often become stuck in the stage in which the abuse took place (Charles, Reynolds, Gatz, 2001). It is not uncommon for victims of childhood abuse to be judged by those around them as immature adults, and thereby treated differently. In order to best treat these clients, it is important to assess their respective developmental stage, and meet them there in the creation of treatment goals and interventions (Cohen, 2000). It is also important for professionals to take an active approach to understand our clients, and how their history, along with how their past continues to play a role in their life in the present.

Working with victims of abuse can be difficult as it is inherent for some counselors to operate under a solution-focused modality. While these treatment interventions are important, a majority of research shows that it is important to help aid a client through traumatic past experiences. Psychotherapeutic intervention is an important consideration when child sexual abuse has occurred. Even so, for treatment to be appropriate and effective, an individualized approach is necessary. Treatment interventions must address each sexually abused child's developmental history within a family, community, and cultural context (Koocher, 2013). Risk factors that are associated with heightened vulnerability for children to be sexually victimized, such as

family chaos, alcoholism, and domestic violence, can also independently cause trauma and must be addressed in treatment plans (Koocher, 2013).

Theories commonly used while working with victims of child abuse include trauma focused cognitive behavioral theory and person centered theory. Trauma-focused cognitive-behavioral therapy (TF-CBT) is recognized as an effective treatment for childhood PTSD symptoms (Cohen et al., 2000; Saunders et al., 2004). Trauma focused CBT revolves around the principles of psychoeducation, stress management, affect expression and modulation, cognitive coping, creating a trauma narrative, cognitive processing, behavior management training, and parent-child sessions. Similar to traditional CBT therapy, the counselor takes on a role, similar to that of a teacher, and links thoughts and behaviors together in attempts to help manage and resolve distressing thoughts.

In TF-CBT, it is common to include the parents or caretakers in various sessions to demonstrate appropriate interactions, address any concerns the care taker may have, and allow the counselor an opportunity to gather collateral information. The primary components are summarized by the acronym PRACTICE: “parenting skills, psychoeducation, relaxation, affect modulation, cognitive processing, trauma narrative, in vivo mastery of trauma reminders, conjoint child-parent session, and enhancing safety” (TF-CBT Web, 2005). Considering healthy sexuality and future development and important additions to the PRACTICE components (Cohen et al., 2006; Deblinger and Heflin, 1996; TF-CBT Web, 2005).

As with most any theories it is important to establish a healthy and appropriate relationship with the client prior to continuing practicing with the client. TF-CBT is no

different in this aspect, and it is important to gain trust with the client through proper microskills (i.e. reflecting emotions that a client is feeling, being aware of multicultural differences, and providing unconditional positive regard) (Rogers, 1957; Paradis, 1981). As the topic of childhood abuse is often difficult for the client to discuss, it is important that we establish a trusting relationship prior through person-centered techniques prior to implementing future techniques as to not rush the client through the process.

### **Conclusion**

Childhood abuse is clearly detrimental on the developing child; specifically, abuse can have a strong influence on successfully coping with and surpassing the crises presented in the intimacy vs. isolation stage. While the short-term effects are somewhat disputed among the professional community, there is an overall agreement that childhood abuse has long-term effects.

Clearly there is a strong relationship between abuse and the psychological development. It is not uncommon for individuals who have been abused to seek counseling with attempts to cope with the trauma and obtain better quality of life. Counselors in the field should be able to understand the effects of abuse and have an established knowledge base on how to help those seeking counseling. It is also important for counseling professionals to continue to educate themselves on abuse, as it is a fluid study about which we still have much more to learn.

### **Author's Note**

The ideas presented from this paper reflect current studies regarding the issues brought about by childhood abuse. After working in the field of mental health for five years, I have found one common link among many of my clients; the common link being abuse of some kind in the client's past. As I entered my internship site, which revolved around treating dual disorders, I continued to observe the detrimental side effects of childhood abuse. My interest in focusing my Capstone Project around the subject of working with victims of childhood abuse developed after observing my supervisor combine traditional CBT therapy with a psychotherapeutic approach with great success. It has been my experience that through physical abuse, mental abuse, or neglect, children are put at a disadvantage in regards to development. My hope is that this paper will aid in the education, and insight into the minds of clients who have suffered from abuse. As professionals in the field of mental health, it is important that we are able to work with, and improve the quality of life in all clients. The best way we are able to aid in the betterment of our clients is to remain current in the world of mental health and continue researching the latest studies.

## References

- Afifi, T. O., Henriksen, C. A., Asmundson, G. J., & Sareen, J. (2012). Childhood maltreatment and substance use disorders among men and women in a nationally representative sample. *Canadian Journal of Psychiatry, 57*, 677– 686.
- Alexander, P. C. ( 1992). Application of attachment theory to the study of sexual **abuse**. *Journal of Consulting and Clinical Psychology, 60*, 185– 195.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., & Akman, D. (1991). A review of the short-term effects of child sexual abuse. *Child Abuse & Neglect, 15*, 537–556.
- Caffaro-Rouget, A., Lang, R. A., & Van-Santen, V. ( 1989). The impact of child sexual abuse on victims' adjustment. *Annals of Sex Research, 2*, 29– 47.
- Centers for Disease Control and Prevention. (2014). *Injury Prevention & Control : Division of Violence Prevention* Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/#1>
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders, 82*, 217–225.
- Charles, S. T., Reynolds, C. A., & Gatz, M. (2001). Age-related differences and change in positive and negative affect over 23 years. *Journal of Personality and Social Psychology, 80*, 136–151.
- Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- Cohen, J.A., Berliner L, March JS (2000), Treatment of children and adolescents. In *Effective Treatments for PTSD*, Foa EB, Keane TM, Friedman MY (Eds.). New York: Guilford, p. 106Y138.
- Cohen JA, Mannarino AP, Deblinger E (2006), *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford.
- Cole, P. M., & Putnam, F. W. ( 1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology, 60*, 174– 184.
- Conte, J. R., & Schuerman, J. R. ( 1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect, 11*, 201– 211.
- Co t , J. E., & Levine, C. G. (2002). *Identity formation, agency, and culture: A social psychological synthesis*. Mahwah, NJ: Erlbaum.
- Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression and Violent Behavior, 5*, 291–328.
- Deblinger E, Heflin AH (1996), *Treating Sexually Abused Children and their Non-Offending Parents: A Cognitive Behavioral Approach*. Thousand Oaks, Calif.: Sage Publications.
- Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed., p. Xlii). (2013). Washington, D.C.: American Psychiatric Association.
- Dunkel, C., & Sefcek, J. (2009). Eriksonian lifespan theory and life history theory: An integration using the example of identity formation. *Review of General Psychology, 13*(1), 13-23.

- Erikson, E.H. (1968). *Identity: Youth and Crisis*. New York, NY: W.W. Norton and Company.
- Erikson, E.H. 1950. "Youth and American Identity." Pp. 334-337 in *Social Theory: The Multicultural Readings* (2010) edited by C. Lemert. Philadelphia: Westview Press.
- Federal Bureau of Investigations, Criminal Justice Information Services Division. (2012). *Crime in the United States 2012*. Retrieved from website:  
<http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/persons-arrested/persons-arrested>
- Finkelhor, D. (1988). The trauma of sexual abuse: Two models. In G. E. Wyatt & G. J. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 61– 82). Newbury Park, CA: Sage.
- Gibb, B. E., Chelminski, I., & Zimmerman, M. (2007). Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. *Depression and Anxiety, 24*, 256–263.
- Gomes-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child sexual abuse: The initial effects*. Newbury Park, CA: Sage.
- Harlow, C. U.S. Department of Justice, Office of Justice Programs. (1999). *Prior abuse reported by inmates and probationers* (NCJ 172879) Retrieved from  
<http://bjs.ojp.usdoj.gov/content/pub/pdf/parip.pdf>
- Heiman, J. R., & Heard-Davison, A. R. (2004). Child sexual abuse and adult sexual relationships: Review and perspective. In L. J. Koenig, L. S. Doll, A. O'Leary, & W. Pequegnat (Eds.), *From child sexual abuse to adult sexual risk: Trauma,*

- revictimization, and intervention* (pp. 13–47). Washington, DC: American Psychological Association.
- Hollon, S. D., Thase, M. E., & Markowitz, J. C. (2002). Treatment and prevention of depression. *Psychological Science, 3*, 39–77.
- Koocher, G. (2013). *Treating child sexual abuse*. In *Psychologists' Desk Reference* (pp. 432-438). New York City, New York: Oxford University Press.
- Logan, R. D. (1986). A reconceptualization of Erikson's theory: The repetition of existential and instrumental themes. *Human Development, 29*, 125–136.
- Mannarino, A. P., Cohen, J. A., & Gregor, M. (1989). Emotional and behavioral difficulties in sexually abused girls. *Journal of Interpersonal Violence, 4*, 437–451.
- Marcia, J. E. (1994). Ego identity and object relations. In J. M. Masling & R. F. Bornstein (Eds.), *Empirical perspectives on object relations theory* (pp. 59–103). Washington DC: American Psychological Association. doi:10.1037/11100-003
- National Child Abuse Statistics | Childhelp. (n.d.). Prevention and Treatment of Child Abuse | Childhelp. Retrieved October 11, 2013, from <http://www.childhelp-usa.com/pages/statistics>
- National Survey of Child and Adolescent Well Being, (2012). Child-well being spotlight. Retrieved from OPRE website:  
[http://www.acf.hhs.gov/sites/default/files/opre/youth\\_spotlight\\_v7.pdf](http://www.acf.hhs.gov/sites/default/files/opre/youth_spotlight_v7.pdf)
- Paradis, F.E. (1981). Themes in the training of culturally effective psychotherapists. *Counselor Education and Supervision, 21*, 136-151.

- Rogers, C. R. (1957). The necessary and sufficient conditions of psychotherapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.
- Saunders BE, Berliner L, Hanson RF (2004), *Department of Justice Office of Victims of Crime Treatment Guidelines for Sexually and Physically Abused Children*.
- Schwartz, S. J. (2007). The structure of identity consolidation: Multiple correlated constructs of one superordinate construct? *Identity: An International Journal of Theory and Research, 7*, 27–49. doi:10.1080/15283480701319583
- Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse : A theoretical and empirical review. *Psychological Bulletin, 116*(2), NEED page numbers here.
- TF-CBT Web. (2005). *A Web based learning course for Trauma-Focused Cognitive Behavioral Therapy*. Retrieved from: [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt).
- Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse and Neglect, 11*, 371– 383.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2013). *Child maltreatment 2012*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.
- U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office.

Vinkers, C. D. W., Finkenauer, C., & Hawk, S. T. (2011). Why do close partners snoop? Predictors of intrusive behavior in newlywed couples. *Personal Relationships, 18*, 110–124. doi:10.1111/j.1475-6811.2010.01314.x