A Research Perspective on the Compliant Child Victim

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Fields of study evolve in the same manner as organisms. Two central principles are operative in this evolutionary process—differentiation and integration. This collection of papers represents a differentiating step. What is being differentiated is an increasingly sophisticated view on the complexity of sexual abuse.

It would have been impossible to raise consciousness and professional and public concern about sexual violence if we had skipped over the first step, which defined sexual abuse as a monolithic negative. It was absolutely imperative that any sexual act against a child or adolescent be viewed as potentially scarring, often with lifetime implications.

However, despite compelling evidence that sexual abuse is associated with a range of adverse outcomes, the empirical literature is also replete with studies that find a variable relationship between features of the abuse and outcome. Some of this variability is due to the problems inherent in obtaining accurate information from victims about the details of the abuse. This is even more difficult with child victims.

But professionals in the field are increasingly aware that sexually abusive acts are extremely variable, victims will vary one from the other, and the supportive contexts of victims are equally variable. Hence, a differentiated perspective on the underlying variability within the term *sexual abuse* is needed.

However, for many reasons, it is very difficult to study so-called compliant victims. For one thing, this is an emotionally charged topic, and the cold reality of empirical research seems to be in another planet relative to victimology. Another reason is that victims would need to be able to have a perspective on their abuse that only comes with self-reflection and the absence of PTSD. That requirement would severely limit the number of subjects in any study. In addition, the researcher would have to be highly trusted for this self-perspective to unfold.

Imagine the following scenario between a trained interviewer (I) and a victim (V). I believe that it would take this level of introspection by the victim and acceptance by the interviewer for it to unfold.

I: You mentioned two different unwanted acts with this 18-year-old boy when you were 15. Both involved his touching your breasts. Please try to remember if he was coercive in any way. Did he threaten you in any manner?

V: (Lengthy Pause) I have been asked if I was sexually abused before. I never answered yes. I guess I answered yes to your questions because you didn't call them abuse. You labeled them unwanted. I'm not sure if I wanted him to touch me. I know I was getting curious about sex at the time. My next boyfriend and I did even more than that, but I wanted that to happen. This is tough to answer.

I: Let's narrow it down to one thing. Do you remember him forcing you?

V: No, he didn't force me. All of a sudden, his hand was there. I froze for a bit. Then I thought, . . . you won't think I'm crazy, will you?

I: No, I won't think you were crazy. You were 15.

V: That's good. (Pause). I thought, this is kind of interesting. It doesn't feel so bad. This is what my friend told me boys do. And then I thought, I don't think I want him to get the idea that I like him, so I moved his hand away. We went to a movie again the next weekend and he tried it. I knew he was going to, but after he did, I moved his hand away, and he never asked me out again.

This depth of detail is not obtained on questionnaires, the most widely used strategy to examine impact of victimization. But this amount of information is needed to judge what actually happened. And the victim would have to be able to be in a position where she could ponder, check back with the interviewer, and then provide some extremely intimate details.

A third reason that it is difficult to study compliance is that victims are often ambivalent in their relationship with the perpetrator. They may blame themselves and then excuse the victim when there is no reason to do so. One person may report compliance at some stage in her life and only later realize a deep resentment about what happened.

A Possible but Imperfect Solution

We set out to create what may be a criticized solution to the conundrum of how one defines compliant victims when there is no interview data. It is likely that if the victim reports no coercion, and the perpetrator was of a similar age, the act may certainly be considered abusive and unwanted. But, individuals falling into this group may be closer to the compliant end of the severity of abuse continuum than other victims. There are obvious flaws to this definition. The victim may inaccurately report no coercion when in fact there was ample. But given that the sample we had available for our analysis never asked the question of compliance, we settled for a less precise strategy. Our hypothesis was that unwanted sexual acts by a peer would be less associated with sequelae than coercive acts by a nonpeer.

Study Description

Participants. Strengths of this study included the sample size (N = 610 adults), the method of recruitment (random, age, and sex-stratified for a 66.3% response rate), and the origin (community, not clinical). The mean age of the entire sample was 39.9 years. (For a more detailed description of the sample, see Friedrich, Talley, Panser, Zinsmeister, & Fett, 1998.) Subjects completed a reliable and valid abuse-screening device (Friedrich, et al. 1998). They were asked to describe "unwanted" sexual acts (from a total of 12) that had occurred to them prior to age 18. They also provided information on level of coercion and age of perpetrator. A total of seven levels of coercion was possible, ranging from no threats or force to bribes, forceful verbal statements, verbal threats, physical force, weapons, and other.

This latter data enabled us to operationalize "compliance" as the absence of coercion with a similarly aged person (no more than 4 years apart). This group was labeled noncoerced (NC) (N=24). Two other groups were created from this data: a nonabused group (NA)

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(N = 484) and all other sexually abused individuals (SA) (N = 97). The gender breakdown for each of the three groups was as follows: NA (49.4% female), NC (70.8% female), and SA (79.4% female).

Outcome Measures. We selected a combination of well-validated outcome measures including 20 items from the Trauma Symptom Checklist (Briere & Runtz, 1989), a 24-item somatic complaint scale (two scores were obtained, often and bothersomeness) (Talley, Zinsmeister, Van Dyke, & Melton, 1991), a 4-item measure of satisfaction with current social support (Moos, Cronkite, Billings, & Finney, 1983), and a 2-item history of alcohol problems (Colligan, Davis, & Morse, 1988). These measures enabled us to assess a range of potential outcomes: those that were more trauma-specific, others that were more somatically focused, as well as the protective factor of social support, and finally, alcohol problems, which are overrepresented in samples of victims (Stewart, 1996).

Results

Between Group Differences. Analysis of variance was used to calculate differences across the three groups on each of the five outcome measures. Post-hoc analyses were calculated with least squares-differences. (A table listing mean values for each group is available from the first author.)

Significant differences were noted on 4 of the 5 outcome variables. These were trauma symptoms (F (2, 602) = 28.2, $p < .001$), somatic symptoms-often (F (2, 602) = 22.4, $p < .001$), somatic symptoms-bothersome (F (2, 602) = 18.5, $p < .001$), and social support (F (2, 602)= 5.0, $p < .01$). The groups did not differ on alcohol problems (F (2, 602) = 1.8, $p > .10$). Post-hoc analyses identified significant differences between NA and SA on all variables except alcohol problems. No post-hoc differences were found between the NA and NC groups. Post-hoc analyses between NC and SA found significant differences for trauma symptoms, somatic symptoms-often, and somatic symptoms-bothersome, but not for social support or alcohol problems. The SA group reported more symptoms on all scales except alcohol problems.

Gender Differences. Women made up 49.4% of the NA group, 70.8% of the NC group, and 79.4% of the SA group. Because Rind, Tromovitch, & Bauserman (1998) report that women endorse more symptoms than do men, multivariate analysis of variance (MANOVA) was used to determine if gender accounted for the differences in reported symptoms. Although women reported significantly more symptoms than men did on both of the somatic symptom measures, they reported fewer symptoms on alcohol problems. The interaction between sex and group was not significant for any outcome measure, and when sex was entered into a MANOVA as a covariate, the effect of abuse group remained significant. Thus, separate analyses were not conducted for men and women.

Summary and Discussion

Before we summarize these results, it is important to restate the fact that we have no data on the actual "compliance" of these women and men. Rather, they are best described as a group of adults who in retrospect do not recall that any coercion was used as part of the unwanted acts they experienced. Nor are we reporting anything new about the role of force and coercion. Sexual abuse accompanied by force has typically been found to be related to more overt behavioral symptoms in sexually abused adults (Springs & Friedrich, 1992). However, the combination of "no coercion and similar-age" is not a variable that has been studied.

Our results with a sample of adults support the relationship between coercive sexual abuse and significantly more physical and psychological symptoms. On the other hand, a subgroup of individuals with unwanted sexual experiences perpetrated by a similarly aged peer without coercion were not associated with elevations in trauma-related or somatic symptoms relative to a nonabused, community sample. In addition, social support, an important moderator variable, did not differ between individuals with noncoercive contact and those without a history of sexual abuse.

There are flaws to this study, over and above the definition of *noncoercive*. The sample was older, largely Caucasian, and reasonably well educated. In addition, it may be that gynecologic symptoms or sexual behavior items, if examined separately from the rest of the scales, would have shown differences between the NC and the NA groups.

Another flaw is that our definition of *noncoercive* was arbitrary. We used the data to identify unwanted sexual experiences that would be as close to "compliant" as possible. Some of the reported acts could very well be experimentation between peers that in retrospect was unwanted and thus abusive. However, other acts may have evolved from a sibling context and eventually led to molestation of long duration.

Nevertheless, it is heartening that the results do suggest that it is unlikely that unwanted, but noncoercive acts from a similarly aged peer are associated with significant and persisting trauma-related and somatic symptoms. This is a testament to resilience.

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