Children with a language disorder are vulnerable to sexual abuse

By Dr Jessica K Edwards

Preliminary data suggest that children with language disorder may be at an increased risk of child sexual abuse (CSA), but few have studied the CSA experiences, disclosure patterns or reactions to disclosure in these children. Brownlie and colleagues have now addressed this question in a prospective longitudinal study of a nonclinical community sample of 5-year-old children with a language and/or speech disorder. The children were followed to adulthood and at age 31 years were asked to complete questionnaires regarding their experiences of CSA, their disclosure of CSA (including context, timing and outcome) and the subsequent social reactions. Women with Language Disorder who reported CSA by age 18 experienced a higher level of sexual invasiveness and severity compared to women without Language Disorder who had experienced CSA. Those with Language Disorder were also more likely to report CSA than those without Language Disorder (43 vs. 16%, respectively). Interestingly, 63% of affected women with Language Disorder felt that their situation improved following disclosure or discovery of the event, compared to only 16% of women with no Language Disorder. Despite this difference, the likelihood of disclosing the event, latency of disclosure and social reactions to disclosure was the same between the two groups. The researchers propose that communication difficulties in girls may be a risk factor for CSA, and recommend that further studies now be conducted to understand how Language Disorder mediates this risk.

Referring to:

Further reading:

Glossary:
Language disorder: Persistent difficulties in the acquisition and use of language across modalities due to deficits in comprehension or production. According to the DSM-5, these deficits can include reduced vocabulary, limited sentence structure and impairments in discourse. Such language difficulties result in functional impairment in school performance, in communicating with peers and caregivers and in participating in social settings broadly. Language difficulties are not attributable to other medical or neurological reasons and are not better explained by intellectual disability or global developmental delay. Symptom onset occurs during childhood development.