

Professional Issues and Innovative Practice

Impact of Childhood Sexual Abuse on College Student Development: A Seven-Vectors Perspective

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The application of theory in this article expanded on Chickering and Reisser's (1993) 7-vectors framework by considering the effects of childhood sexual abuse (CSA) on the normal experience of student development in higher education. The article includes an overview of the prevalence and effects of CSA and a case study of a college student survivor of CSA.

Keywords: Chickering and Reisser, childhood sexual abuse, seven vectors of college student development

Childhood sexual abuse (CSA) is a problem that affects people of all genders, sexual orientations, races/ethnicities, family constructions, and economic statuses (Bryant-Jefferies, 2003; Draucker et al., 2011; Hunter, 2010; Wellman, 1993). In college counseling centers, CSA can be an underlying factor in the depression, anxiety, and relational concerns often reported by students. Many counselor education programs offer courses exploring problems associated with CSA or related issues; however, master's degree-level counselors are not universally trained to treat CSA as a pervasive problem on par with addiction, mood disorders, or anxiety disorders. College counselors must therefore learn to treat CSA through direct contact with survivors, continuing education, and other professional development opportunities.

Recognizing common issues associated with CSA is important for college counselors because, for many students, the counseling center is uniquely accessible. CSA often goes untreated because survivors are reluctant to disclose abuse to people who may judge, disbelieve, dismiss, or minimize their story (Draucker & Martsolf, 2008). Initial steps such as asking a friend for help to find a counselor or borrowing a parent's car for transportation to a session can be barriers to treatment. College counseling centers are accessible because they are often close to students' campus dwelling—a dwelling away from families, friends, abusers, and other stigmatizing forces or logistical hurdles that exist at home—so students can walk to sessions conveniently scheduled between classes. Many colleges and universities offer counseling services to the student body at a more affordable cost than what would be found in the community. Some institutions even include the cost of counseling services in a mandatory student health service fee so that students seeking treatment from the counseling center are spared the out-of-pocket expense.

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The application of theory in this article originated from the aforementioned assumptions that CSA is a universal problem and college counseling centers play a role in treating it. My goal was to identify a foundation for conceptualizing college students with a history of CSA. Although several researchers, clinicians, and higher education personnel have contributed to the understanding of the college experience and problems associated with CSA, there is not a developmental model or treatment approach devoted to college students—and only to college students—who have experienced CSA. There is, however, an established developmental framework for understanding the “normal” college experience. Chickering and Reisser’s (1993) seven-vectors theory of student development in higher education offered a baseline for exploring the challenges faced by survivors of CSA, many of whom feel anything but normal.

According to Chickering and Reisser (1993), traditional-age college students (roughly ages 18 to 22 years) navigate a transition that challenges developmental skills associated with interpersonal relationships, autonomy, identity, emotional management, values, and purpose. Discussions of sexuality were limited within Chickering and Reisser’s text, and CSA was almost nonexistent. In this article, I extend the work of Chickering and Reisser to consider the impact of CSA on college student development. Specifically, the application of theory in this article is intended to be a tool for counselors to use in conceptualization and treatment planning, as well as a guide for clients lost in the chaos of confusion and self-doubt that often follows abuse. An overview of the prevalence and impact of CSA follows, as well as a deeper discussion of Chickering and Reisser’s theory and a case study to illustrate its application.

Prevalence of CSA

Research on the prevalence of CSA has produced wide-ranging estimates complicated by multiple factors, including variations in the definition of CSA, the reluctance of CSA survivors to disclose abuse, and study samples limited to a narrow population of participants (Dube et al., 2005; Leserman, 2005; Price, Hilsenroth, Callahan, Petretic-Jackson, & Bonge, 2004; Wellman, 1993). Leserman (2005) provided an overview of challenges to defining sexual abuse. Experts and legal statutes have varied in their definitions of sexual abuse, disagreeing as to whether the experience involves physical contact (e.g., touching, penetration) or noncontact (e.g., sexually natured physical exposure by the perpetrator, sharing of sexually explicit materials), and whether the experience was initiated by force, coercion, or threat of harm (Leserman, 2005). She argued that “force” or “threat of harm” could be implied by the “age differential between the perpetrator and victim” (Leserman, 2005, p. 906). To clarify Leserman’s argument further, perpetrators often maintained an assumed power differential in relationships with children. Those perpetrators included older acquaintances, family members, babysitters, neighbors, adolescents, and strangers. Leserman arrived at a useful definition of CSA wherein the victim is under the age of 13 years and “the perpetrator is 5 years older than the

victim” (p. 906). The complexities of CSA as a construct should be kept in mind when discussing prevalence and impact.

Prevalence estimates of CSA have ranged from 20% to 30% among women and 4% to 75% among men (Dube et al., 2005). The most recent studies suggested that 25% of women (one in four) experienced CSA compared with 16% of men (one in six; Draucker et al., 2011; Dube et al., 2005; Molnar, Buka, & Kessler, 2001). Obtaining a definitive estimate of college students with CSA experiences was also difficult. Wellman (1993) found that 6% of college men and 13% of college women who participated in a research study of attitudes and beliefs about sexual abuse reported experiencing sexual abuse as children or adolescents. That study, however, was limited: All of the 824 participants were enrolled in undergraduate psychology courses at a single urban New England college, and volunteers for the study were overwhelmingly women (80%) and White (86%).

The Seven Vectors

Regardless of the true number of CSA survivors on college campuses, it is inevitable that college counselors will come in contact with adolescents and adults with these experiences. Chickering and Reisser’s (1993) seven vectors of student development—developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity—are a useful tool for conceptualizing the experience of student visitors to the counseling center. Chickering and Reisser wrote that the “vectors describe major highways for journeying toward individuation—the discovery and refinement of one’s unique way of being—and also toward communion with other individuals and groups, including the larger national and global society” (p. 35). Progress among the vectors does not occur in a step-by-step manner as in a stage theory, wherein one developmental task must be completed before the next can begin; rather, college students develop within multiple vectors simultaneously (Chickering & Reisser, 1993). Given that these developmental tasks were named and described with the typical journey of college students in mind, this application of theory assumed that the seven vectors illustrate expectations for “normal” that create conflict for CSA survivors experiencing the problems outlined in the next section.

Chickering and Reisser’s (1993) original formulation of the seven vectors provided a resource for conceptualizing a spectrum of developmental issues; however, their references to sexual experience were limited to phenomena encountered during college, such as intimate partner violence, unwanted attention, and the development of sexual identity. The authors explained that this “broad conceptual approach” to a developmental framework was intentional and left “practitioners the options of putting their own understanding and interpretation into it and applying it within their own contexts” (p. 44). Academics and practitioners have done just that, adapting the seven vectors

to better understand gender differences in student development (Foubert, Nixon, Sisson, & Barnes, 2005), to create a model for counseling lesbian and gay college students (Zubernis, Snyder, & McCoy, 2011) and to assist in the development of injured college athletes (Harris, 2003). The seven vectors do not directly account for the impact of sexual abuse occurring in childhood and have not been adapted for that purpose until now.

Chickering and Reisser (1993) noted in an overview of the seven vectors that their framework was developed with a belief that “few developmental theories have paid much attention to emotions and relationships” (p. 39). The seven vectors, however, were based on an assumption “that emotional, interpersonal, and ethical development deserve equal billing with intellectual development” (p. 39). Emotional and interpersonal development are critical considerations when counselors face the many issues that affect CSA survivors.

Effects of CSA

CSA experiences have been linked to depression and other mood disorders, a range of anxiety disorders, alcohol and other drug abuse and dependence, and posttraumatic stress disorder (Bryant-Jefferies, 2003; Dube et al., 2005; Molnar et al., 2001). Dube et al. (2005) reported that “a history of suicide attempt was more than twice as likely among both men and women who experienced CSA” (p. 430) compared with those who did not disclose abuse. Dube and colleagues also reported that men and women with a CSA history were more likely to marry an alcoholic and more likely to report problems in their marriage. Leserman (2005) reviewed several studies suggesting that women who were sexually abused as children report more instances of negative physical conditions, including abdominal pain and gastrointestinal disorders; pelvic pain and gynecologic disorders; headaches; and symptoms such as shortness of breath, heart palpitations, chest pains, numbness, dizziness, and weakness that are associated with panic or posttraumatic stress disorder. Hunter (2010) and Bryant-Jefferies (2003) compiled case studies that illustrated the diverse relational difficulties (e.g., loss of trust, vulnerability to revictimization, inability to engage in or maintain romantic relationships) and negative coping mechanisms (e.g., dissociation, denial, substance abuse) that remained in the lives of sexual abuse survivors long after the incidents ended.

CSA experiences are individual and infinite, and although no two survivors cope in exactly the same way or encounter the exact same difficulties—and as Hunter (2010) showed, some survivors experience few CSA-related difficulties, if any—the purposes of this article are most clearly achieved through the analysis of a single, common experience. The case of Emily that follows is a composite of several students I had treated in college counseling centers from 2011 to 2012. This case study provides a touchstone for understanding and applying Chickering and Reisser’s (1993) seven-vectors theory through the remainder of this article.

The Case of Emily

Emily was a White woman in her early 20s who attended a midsize, urban, public university in the southeastern United States. She performed well academically in high school and, before transferring to the aforementioned university, made good grades at a smaller college. Nevertheless, Emily had a difficult time establishing lasting, meaningful relationships with people in the places she lived, and this issue was the catalyst for her visit to the counseling center. Emily succeeded in her courses at the beginning of the fall semester, but her life changed after she met a particular male student. After several weeks of dating, Emily discovered that he was also sexually involved with another female student in their social group. Emily reacted strongly to what she viewed as a betrayal. She described spending hours alone in her bedroom, crying and ruminating on her insecurities. The experience exacerbated feelings of loneliness that were a constant in her life. Emily's ability to focus on schoolwork, maintain healthy relationships with friends, trust others, or get motivated to face each day declined sharply.

Healthy relationships were scarce in Emily's life. Her father abused various substances and left the family when she was an adolescent. Emily, her mother, and her older sister moved to a small town away from other members of their extended family. Most of the students in her school had known one another for years, and Emily felt like an outsider. She had a difficult time making friends, but by high school, she realized that boys were physically attracted to her. Emily learned to attract attention by acting flirtatious and engaging in casual sexual activity, a strategy she retained in college. Emily nonetheless described feeling alone and unheard for as long as she can remember. She felt a need to talk about problems in the family, but her mother refused and tried to move forward as if everything was fine. Emily and her sister had a volatile relationship calmed by a shared enjoyment of marijuana.

Anxiety and insomnia haunted Emily's nights. She wanted to connect with peers but felt uncomfortable in crowded college parties, bars, and dance clubs—social outlets enjoyed by most people in her peer group. Emily managed her anxiety by drinking alcohol and smoking marijuana. Her peers supported this behavior, and Emily believed that she was more likable when consuming substances. Emily also drank alcohol and smoked marijuana alone several nights a week to ease anxiety and aid sleep. She acknowledged that her party friends did not encourage healthy habits or offer the genuine affection that she craved, but Emily felt stuck in these circumstances.

Emily was engaging, self-aware, and occasionally funny in counseling. She was desperate to change and eager to be heard; she cried for long stretches of her counseling sessions. Emily wanted to learn from her experiences so that she could help others facing similar challenges, possibly by training as a counselor. She did not want to be closed to communication and expressions of emotion like her mother, and those regular experiences of being silenced or ignored bothered Emily deeply. During her third counseling session, after

she talked extensively about her family, social concerns, and substance use, Emily disclosed that she had blurry memories of her father touching her in sexual ways. She said that something about her relationship with her father always felt “not quite right,” and she was beginning to get a clearer picture of her childhood. Emily was distraught and did not know how to move forward from these memories.

Conceptualizing Emily From a Seven-Vectors Perspective

Vector 1: Developing Competence

Chickering and Reisser (1993) focused on three domains of competence that develop during college: intellectual competence, physical and manual competence, and interpersonal competence. Differences exist within the literature regarding the definition of the first domain, intellectual competence. Chickering and Reisser defined this construct broadly as movement beyond skills at passing tests or memorizing facts and toward the ability to question, reflect, form a reasoned argument, and create meaning. The second domain, physical and manual competence, refers to skill development in athletic or artistic endeavors that build confidence in one’s body and form the foundation of lifelong wellness. The last domain, interpersonal competence, refers to “an array of discrete skills, including listening, asking questions, self-disclosing, giving feedback, and participating in dialogues that bring insight and enjoyment” (p. 72). Emily struggled with these basic communication skills in ways that were likely influenced by her history.

Emily’s CSA experience was a source of great anxiety that she never talked about with family or friends. Emily expected her mother to dismiss talk about problems and, like many CSA survivors, Emily was afraid her story would be disbelieved. She is left with a belief that she is ineffective at communicating in a productive manner. Emily believed that she elicited an intended response only when she acted out against her mother or behaved provocatively with men. Draucker and Martsof (2008) identified a tendency to arrive at negative conclusions among CSA survivors who, in failing to disclose to others, were left alone to make meaning of their experiences. Participants in their study “were frequently told by the perpetrator, or others in their lives, that they were seductive (‘a slut’) or bad” (Draucker & Martsof, 2008, p. 1038). Other participants felt that something was wrong with them or that they deserved the abuse (Draucker & Martsof, 2008). CSA survivors like Emily may then believe that they are unworthy of positive attention, leaving them less likely to participate in the kind of self-disclosure described by Chickering and Reisser (1993). Emily’s sense that important others were unwilling or unavailable to talk about her problems reinforced her belief that CSA is an inherently bad thing that should not be discussed. Her interpersonal development remained stunted as her peers continued moving forward.

Vector 2: Managing Emotions

This vector challenges students to become “more aware of feelings” and “appropriate means of expression and integration” (Chickering & Reisser, 1993, p. 88). Normal development includes “awareness of the causes and sources of feelings, acceptance of feelings as valuable sources of information, and learning the consequences of acting on impulse” (p. 88). Getting in touch with the full range of emotions means loosening “repressions from earlier years” (p. 90); exploring the meanings held by feeling; and regulating emotions in a way that meets the needs of the individual rather than those of parents, peers, or other external forces. This is a time of learning new ways of coping with common feelings such as fear, anxiety, sadness, loneliness, boredom, love, and happiness. Failure to do so may block success in academic pursuits and personal relationships.

Emily’s approach to emotional expression was influenced by the silence and avoidance that enveloped her CSA experience. Emily fell into a pattern of either swallowing her pain in silence or reacting to her mother with an outburst of anger and sadness. Emily was not relieved by either strategy. In peer relationships, Emily erected walls against intimacy by avoiding discussion of her most urgent feelings and needs. However, those boundaries withered away in counseling, where Emily had “the faucet of impulsive expression wide open” (Chickering & Reisser, 1993, p. 90). She vented anger toward her mother and father in waves; tears of sadness, confusion, hurt, frustration, and loneliness flowed without inhibition.

Vector 3: Moving Through Autonomy Toward Interdependence

Chickering and Reisser (1993) described three components that make up this vector. The first component, emotional independence, is “freedom from continual and pressing needs for reassurance, affection, or approval from others” (p. 117). This process begins with “disengagement from the parents, proceeds through reliance on peers and role models, and moves toward a balance of comfort with one’s own company and openness to others, without the need to cling” (p. 122). The second component, instrumental independence, is the ability to “carry on activities and solve problems in a self-directed manner” (p. 117). Students who develop in this component move about in the world with the confidence that they can succeed. This is the seed of individually defined values and integrity. Interdependence, the third component, is “an awareness of one’s place in and commitment to the welfare of the larger community” (p. 117).

Chickering and Reisser (1993) further illustrated emotional independence, the first component, as the creation of literal and psychological space from parents and familiar influences. Balance and autonomy are developed, and the student becomes more emotionally self-contained. There is confidence

to explore personal goals and dreams, as well as confidence to assert oneself in dealings with others in a way that fosters partnership. Emily's inability to develop within this first component inhibited her ability to conquer the second and third as well. She was unable to act autonomously because, like many survivors of CSA and other forms of abuse, she did not feel in control of what happened to her in the past, or what was happening at the time we met (Dube et al., 2005). Emily was hurtling through life burdened with feelings that were hard to understand and a sense that something was wrong with her. Those feelings were inextricably tied to her home—the father who abused and abandoned her and the mother who did not provide the reassurance or genuine affection that Emily craved—and constituted an imposing barrier to emotional and instrumental independence.

Draucker and Martsof (2008) wrote that survivors who were abused by caretakers struggled with complicated feelings about those who were supposed to provide emotional and physical security. Emily's conflicted feelings may have included anger at her parents, guilt about that anger at people whom she nonetheless loves, and a desire to shield her mother from a sense of responsibility for the abuse. Development of Emily's instrumental independence was hindered by negative feelings about herself and her family, and interdependence failed to emerge in light of feelings that her family and community never adequately cared for her.

Vector 4: Developing Mature Interpersonal Relationships

The establishment of deeper, lasting relationships, including friendship, romance, partnership, and mentoring, is a hallmark of many college students' experiences. These relationships are associated with the development of interpersonal competence defined by Vector 1 and are a platform for students to "learn lessons about how to express and manage feelings, how to rethink first impressions, how to share on a deeper level, how to resolve differences, and how to make meaningful commitments" (Chickering & Reisser, 1993, p. 145). Chickering and Reisser (1993) described two components of Vector 4: tolerance and appreciation of others, and capacity for intimacy. Although intimacy was a major challenge for Emily, the interpersonal and cultural tolerance discussed by Chickering and Reisser was not a critical factor in her story, so this section is limited to an analysis her capacity for intimacy.

Intimacy involves "making oneself vulnerable" (Chickering & Reisser, 1993, p. 165) in relationships with others. It calls for greater self-disclosure and may produce anxiety. Chickering and Reisser (1993) explored concerns about abandonment and mutual expectations. The application of theory has established Emily's anxiety, difficulty with disclosure, fear of exposure, and complicated feelings related to her father's abuse and abandonment. She attempted to avoid reliving hurtful experiences with her father even as she felt victimized time and again by men who manipulated her attempts to control her sexual life. That vulnerability to revictimization among CSA survivors is

well established in the literature (Draucker & Martsof, 2008; Draucker et al., 2011; Dube et al., 2005; Hunter, 2010). Each emotional injury moved Emily further from a healthy, balanced relationship based on “honesty, sensitivity, and unconditional regard” (Chickering & Reisser, 1993, p. 147).

Vector 5: Establishing Identity

Constructs defined by the first four vectors come together in Vector 5 as the foundations of what Chickering and Reisser (1993) called identity, or “that solid sense of self” (p. 181). Chickering and Reisser offered a series of questions relevant to development in this vector, including the following: “How comfortable am I with my physical being and my appearance?” “Where do I come from? Who are my people? What were their values and traditions?” “How do others see me? Am I accepted and valued by others?” (p. 182). This section of the developmental framework focuses on a broad consideration of the self that touches on issues of physical awareness, sexual identity, family-of-origin background and values, life roles, self-acceptance, and the acceptance of others.

According to Chickering and Reisser (1993), “adolescence brings increased attention to the body, and self-consciousness is heightened when students arrive at college” (p. 182). Emily’s physical self-consciousness began before adolescence, at the time when she first experienced sexual abuse and was less prepared to reconcile the meaning of her feelings than were the teenagers studied by Chickering and Reisser. Her physical insecurity was then magnified as she entered college, and the resulting alienation from feelings of health and attractiveness led to her tendency toward “self-criticism and self-consciousness” that “breeds inner turmoil and ties up energy and blocks development” (p. 183).

Emily’s negative self-talk was mirrored by disapproving and dismissive feedback from her mother. Chickering and Reisser (1993) established that individuals develop an understanding of how they are viewed by others via feedback from family, friends, and peers. Emily interpreted her family experience and the scarcity of other close relationships to mean that she did not deserve to be heard. She believed that her negative circumstances were the result of bad decisions that were her responsibility alone. In most ways, Emily felt helpless and hopeless. She did not understand exactly how she got to those feelings, but internal and external messages told her that her unhappiness was just part of who she was. Chickering and Reisser wrote that identity establishment requires the development of stability and clarity: “Am I confident that I can stay on course and weather the storms of life?” (p. 182). Emily’s CSA experience and resulting turmoil influenced her to identify as someone who was unstable, confused, and disempowered to change course.

Vector 6: Developing Purpose

In contrast with the first five vectors, which contribute to an understanding of self, the last two vectors are about aspirations. Chickering and Reisser (1993) wrote that the sixth vector, developing purpose, “entails an increasing ability

to be intentional, to assess interests and options, to clarify goals, to make plans, and to persist despite obstacles” (p. 209). College was described as an opportunity for individuals to explore interests, experiment with goals, and explore preferences. The aforementioned developmental tasks, however, are difficult to initiate in the absence of, at minimum, feelings of competence and autonomy, and CSA survivors may lack these constructs in ways that have been previously illustrated. Although Emily described a vague goal—to use her experiences to help others—not much energy was invested toward this purpose. She was focused on addressing present feelings of isolation and depression.

Vector 7: Developing Integrity

Most students experience a change in values during college, according to Chickering and Reisser (1993), who stated that “movement toward integrity means not only increased congruence between behavior and values, but also movement toward responsibility for self and others and the consistent ability to thoughtfully apply ethical principles” (p. 236). College students in this vector move away from dualistic modes of thinking toward a more relativistic approach that considers rules and values within the context that they were developed. The opportunity to reevaluate can be especially liberating among students for whom, like many CSA survivors, the origins of incongruent personal values lie within the same house, family, neighborhood, or other social structure. Emily suggested the beginnings of a more personalized value system—she did not want to be emotionally distant or dismissive like her mother—but she contradicted that statement with her actions. Emily built an emotional wall that held close relationships at bay. Participation in counseling was an important step toward making her values and behaviors congruent.

Discussion

Chickering and Reisser (1993) described the college experience as a time of developmental diversity and change. Students studied by Chickering and Reisser encountered challenges that were affected by their experiences to that point; whether those challenges were resolved influenced their success in college and beyond. Chickering and Reisser’s seven-vectors theory of student development did not explicitly consider CSA among the factors that may influence performance in college, and yet the “broad conceptual approach” (p. 44) is adaptable to the mission of college counselors. In their study of lesbian and gay college students, Zubernis et al. (2011) wrote that a “significant part of college counseling is facilitating normal psychological development by helping students add new skills and coping strategies to their repertoire” (p. 141). They stated that “awareness of the specific challenges to skill development can help counselors be more effective in this endeavor” while “decreasing the incidence of negative outcomes such as depression, anxiety, and substance abuse” (p. 141). The same is true for counselors who come in contact with student survivors of CSA.

College counselors at many institutions are generalists, and as the case of Emily illustrated, survivors of CSA present with a range of problems, including anxiety, depression, academic concerns, social difficulties, substance abuse, and family problems. So it is possible that college counselors with some experience with CSA, but not specialized training, will encounter a client like Emily. The application of theory in this article offers a tool to help those counselors identify developmental issues faced by CSA clients and make decisions about treatment. A counselor treating Emily, for example, would suspect that her difficulty in developing mature interpersonal relationships had more complicated origins compared with the typical negative dating experiences encountered by most young adults and was likely related to her abusive father. Counseling would then include strategies to help Emily cope with trauma, in addition to resolving developmental deficiencies. In some cases, counselors may choose to share the seven-vectors framework with the client. The case of Emily illustrated the profound confusion, alienation, and feeling of chaos experienced by some survivors of CSA. These individuals may be relieved to discover that there is a rational explanation for their suffering and that others share their experience.

Regardless of the preceding suggestions, the application of theory in this article does not endorse any particular treatment approach or counseling theory. Just as Chickering and Reisser (1993) conceptualized the seven vectors as a broadly adaptable framework, my application of theory was undertaken for the benefit of counselors favoring a variety of treatment approaches. I do recommend incorporating a CSA-focused adaptation of the seven-vectors framework into counseling staff's professional development opportunities and campus programming. Counseling centers can provide resources to help counselors conceptualize the developmental issues faced by survivors of CSA and to assist with treatment planning. Counselors can also use this adaptation when contributing to the orientation of other higher education personnel. For example, CSA survivors may disclose abuse to trusted friends, mentors, or authority figures, including residence hall advisers, faculty sponsors of campus clubs, coaches, and peer counselors. The adaptation of Chickering and Reisser's seven vectors can inform outreach presentations and literature used in the psychoeducation of those groups.

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