

Sexual Victimization: Effects and Treatments

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Learning Objectives:

- ▶ Participants will be able to identify several therapeutic interventions for supporting survivors of sexual abuse;
- ▶ Participants will be able to state evidence-based practices related to supporting survivors of sexual abuse.

Rationale: Human service professionals can benefit from having an open and candid discussion regarding sexual abuse effects and interventions.



Background

- ▶ United States 25% of women and 8% of men suffered some form of sexual abuse prior to age 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009)
- ▶ The impact of child sexual abuse and sexual assault on survivors can be serious and long-lasting.
- ▶ In 2013, some 80,000 rapes – completed and attempted – were reported to law enforcement in the United States; this means there were 40 reported rapes for every 100,000 women (FBI, 2014).



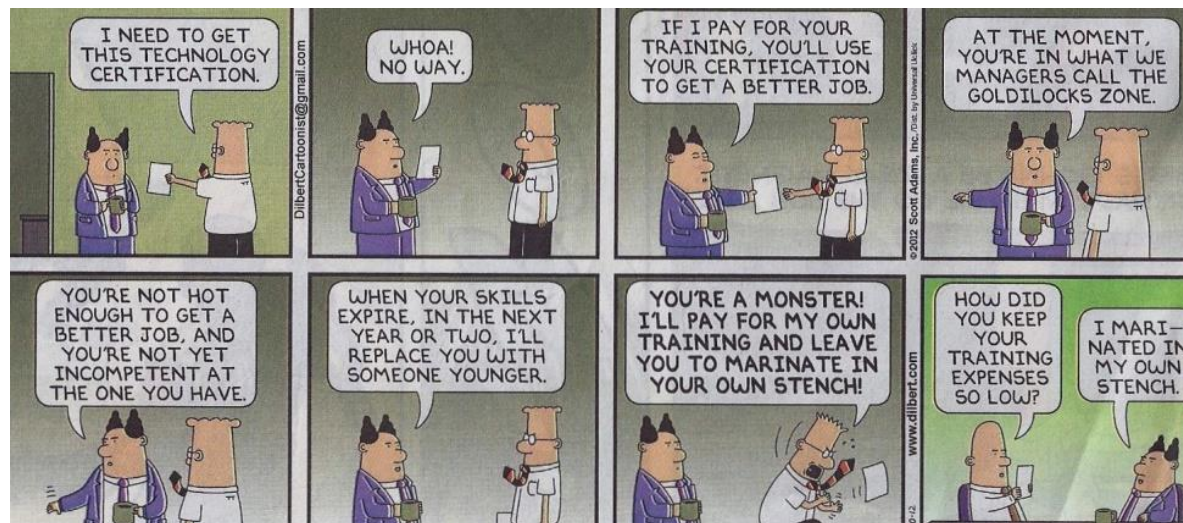
Sexual Abuse Prevalence

- ▶ NOT Rare
- ▶ Occurs at ALL Socioeconomic levels
- ▶ Different Ethnic and Cultural Groups
- ▶ In urban – suburban – rural locales
- ▶ Abuse by family members constitute approximately 33% to 50% of perpetrations against girls and 10% to 20% of the perpetrations against boys (Finkelhor, 1994)
- ▶ It is estimated that between 55% and 70% of victims do not tell anyone that they have been abused before adulthood (London et al., 2005; London, Brück, Wright, & Ceci, 2008).



Why Information about Sexual Abuse Matters to Case Managers?

- ▶ Case Managers often come across survivors of sexual assault but may be challenged on how to address and/or support these individuals as they lack training.



Issue of Sexual Abuse

- ▶ Likely to exhibit several types of psychological distress
 - ▶ Anxiety
 - ▶ Depression
 - ▶ Suicide Ideation and Attempts
 - ▶ Posttraumatic Stress Disorder (PTSD)

- ▶ Physical Health related issues
 - ▶ Physical Injuries, such as cuts and bruises, vaginal pain and bleeding;
 - ▶ Those forced to have oral sex may suffer irritation or damage to the throat;
 - ▶ Rectal bleeding and anal pain reported by those forced to have anal intercourse;
 - ▶ Sexually transmitted infections such as HIV/AIDS or herpes;
 - ▶ Pregnancy – reported in about 5% (Koss et al., 1991)



Impact Severity

- ▶ Age of the child at onset and termination
 - ▶ On average, abuse that begins when a child is either preverbal or in latency usually has more serious consequences
 - ▶ Younger child is more damaged by not understanding the behavior;
 - ▶ Older child by understanding and being shamed by it
- ▶ Duration of the abuse
 - ▶ Longer the abuse – usually more damaging
- ▶ Relationship between perpetrator and victim and age difference between them
 - ▶ Abuse by males – usually more occurs at more severe levels;
 - ▶ Abuse by parent(s) more severe than other relatives;
 - ▶ Abuse by adult to child rather than peer more severe
- ▶ Use of force and coercion
- ▶ Type of sexual behavior
 - ▶ Penetration more damaging
- ▶ Number of occurrences and number of perpetrators
 - ▶ Multiple experiences by same or different perpetrators



Sexual Assault Impacts Others

- ▶ **Spouses or Partners**

- ▶ **Family Members**



Major Theoretical Views

1. *Victim-Precipitated Rape*

- ▶ *“Asking for it”*

2. *Psychopathology of Rapists*

- ▶ *Psychologically disturbed person*

3. *Feminist*

- ▶ *Product of gender-role socialization*

4. *Social Disorganization*

- ▶ *Community is disrupted & unable to enforce norms against crime*



Number of Factors Contribute to Sexual Assaults

- ▶ **Cultural to Individual Factors**
 - ▶ Cultural Values
 - ▶ Sexual Scripts
 - ▶ Early Family Influences
 - ▶ Peer-Group Influences
 - ▶ Characteristics of the Situation
 - ▶ Miscommunication
 - ▶ Sex and Power Motives
 - ▶ Masculinity Norms and Men's Attitudes
 - ▶ Alcohol

(Hyde & DeLamater, 2017)



Guidance for Identifying

- ▶ Disclosure can better be thought of as a process that unfolds over time in different contexts and not as a singular event (Alnock & Miller, 2013; Jensen et al., 2005).
 - ▶ Process begins the moment the abuse starts
 - ▶ Throughout the disclosure process, victims may give different behavioral or verbal and direct or indirect signs of being sexually abused.
 - ▶ Furthermore, children, adolescents, or adults may go through this disclosure process with multiple individuals disclosing their abuse experience for a second, third, or fourth time (Hershkowitz, Lanes, & Lamb, 2007).
 - ▶ In this way, disclosure can be viewed as a lifelong process as it may begin as soon as the abuse starts as individuals may disclose the abuse as a process
- ▶ Most children make their initial disclosure to a parent or parent figure, while adolescents and adults most often make the disclosure to a friend
- ▶ Behavior is a primary form of communication – especially for younger children
 - ▶ Anxiety – Clinginess – Sleep Disturbances – Angry Outbursts – Clinical Symptomatology



Guidance for Supporting

- ▶ Response and support of significant others is critical in children's recovery (Elliott & Carnes, 2001).
- ▶ A treatment is specifically oriented towards self-management and the safe processing of emotionally overwhelming material in the context of a relationship that offers validation, safety and consistency
- ▶ Also focused on the development of a sense of safety in a relationship and an increased capacity to trust others (Courtois, 2000)



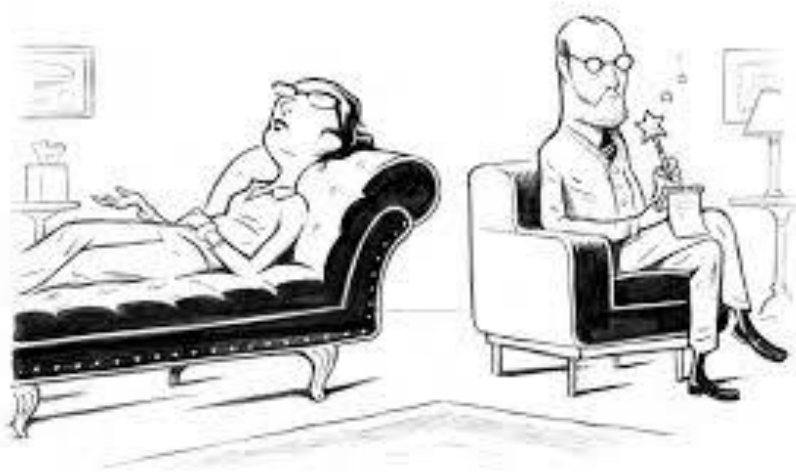
Evidence-Based Practices related to support survivors of sexual abuse

- ▶ Therapy has overarching structure and sequence but is individually tailored to the needs, capacities, and goals of each patient;
- ▶ On average, therapy is conducted for longer durations;
- ▶ Important for both patient and therapist to monitor resource availability (insurance conditions)
 - ▶ When finances are limited – best to focus on short-term modalities such as educational and cognitive-behavioral strategies that include direct teaching of variety of skills for general self-management, symptom reduction, and personal stabilization



Therapeutic Techniques and Interventions

- ▶ Occurrence of sexual abuse and its effects are highly variable – Assessment and Treatment **MUST** take variability into account
- ▶ More research needs to be done to understand full range of its effects as well as effects on the family environment

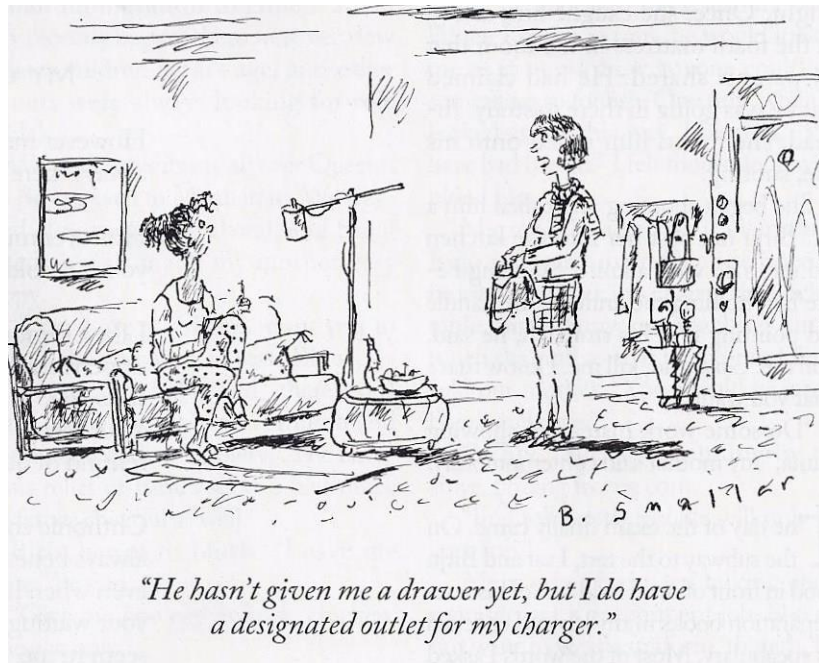


Principles of Trauma-Based Treatment

- ▶ Must set clear limits on personal and professional availability
- ▶ Must maintain stance of openness and empathy
- ▶ Establish safety
- ▶ Teach self-management and coping strategies
- ▶ Increasing social connection and support
- ▶ Help patient maintain “present-day” functioning versus focus on historical trauma
- ▶ Assessment of patient’s personality and functioning determines the goals and pace of treatment
 - ▶ “*self-work before trauma work*” – refers to strengthening and bolstering the patient *before* any direct work on trauma is undertaken (Briere, 1996; Linehan, 1993; McCann & Pearlman, 1990)



Posttraumatic Growth



- ▶ Some survivors experience positive life changes and psychological development
- ▶ Some report positive life changes:
 - ▶ Increased ability to take care of themselves
 - ▶ Greater sense of life purpose
 - ▶ Greater concern for others in similar situations

Related Theoretical Based Interventions

- ▶ Cognitive Behavioral Therapy
 - ▶ Heavily based learning theory of Dewey (1938) who proposed that people learn through experience and interaction.
- ▶ Psychotherapy interventions should also include techniques that promote benefit finding, meaning making, and seeking positive social support to support positive growth among survivors of sexual victimization.
- ▶ Emotion-Focused Therapy techniques from the first two treatment modules that include
 - ▶ (a) systematic evocative unfolding of emotional narratives and
 - ▶ (b) emotional focusing, for experientially tracking emotions at a moment-to-moment level



Treatment Model for Complex PTSD

- ▶ Treatment models should rely less on traditional individual therapy of the child and focus more on caregiver–child forms of intervention.
- ▶ Due to insufficient training, professionals need to meet their training needs for working with traumatized individuals through the following modalities:
 - ▶ Continuing education
 - ▶ Consultation and Supervision
 - ▶ Focused reading
 - ▶ On-the-Job Training



Directory of Resources

Journals

Journal of Child Sexual Abuse

Routledge

325 Chestnut St., Suite 800

Sexual Abuse: A Journal of Research and Treatment

Springer

11 W. 42nd St., #15

New York, NY 10036

Sex Education, Sex Research, and Sex Therapy

American Association of Sex
Educators, Counselors, and
Therapists (AASECT)

1444 I St., NW, Suite 700

Washington, DC 20005

www.aasect.org

Sexuality Information and Education
Council of the United States
(SIECUS) 90 John St., Suite 704

New York, NY 10038

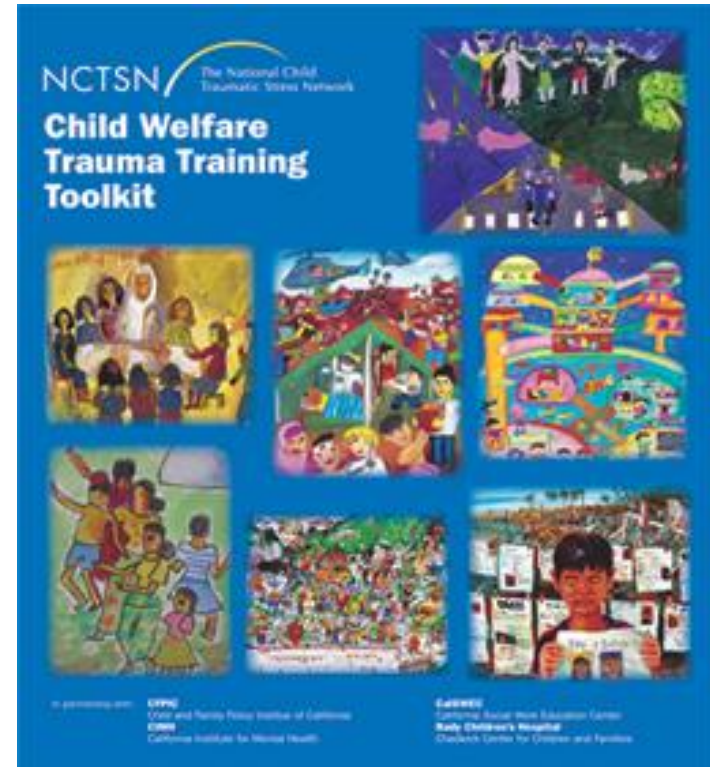
siecus@siecus.org



Directory of Resources

- ▶ National Child Traumatic Stress Network's (NCTSN) Child Welfare Trauma Training Toolkit (Child Welfare Collaborative Group, National Child Traumatic Stress Network,, & The California Social Work Education Center, 2013)

<http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008>



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