

# Chapter 21

## Interventions for Sexual Abuse

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### **ABSTRACT**

*Sexual abuse is a serious social issue with adverse psychosocial consequences in the person who is victimized. High prevalence rate of abuse in both children and adults, no matter female or male, indicate that anyone can be a victim of this hazard. The manifestation of mental-health outcomes is diverse in nature and different across individuals and is determined by complex array of factors. This calls for the application of intervention techniques that are well-established by empirical research to be effective among victims of sexual abuse. This chapter is an attempt to discuss treatment methods established as effective and also other methods that are in use, though with limited research literature on its effectiveness or efficacy, for Posttraumatic Stress Disorder (PTSD) and other prominent and debilitating psychological and interpersonal effects of sexual abuse. Further, special issues concerning research and practice as well as future directions are outlined.*

### **IMPACT OF CHILD SEXUAL ABUSE ON DEVELOPMENT OF CHILD**

The World Health Organization (2002) reported that about 73 million boys and 150 million girls under age of 18 years had experienced some form of sexual victimization in their lives. Further, in a meta-analytic study that analyzed 65 studies in 22 countries reported that about 7.9% males and 19.7% females had faced sexual abuse universally (Wihbey, 2011). However, these rates could increase considering the issues associated with disclosure as well as stigma surrounding sexual abuse.

Sexual abuse of children and adolescents has serious consequences on their physiological and psychological functioning. Studies have provided evidence on the impact of stress due to childhood adversity (including sexual abuse) on brain development and associated malfunction of immunological and neuro-endocrine systems. The hypothalamic-pituitary-adrenal axis has been the focus of study to understand the relationship between childhood adversity and atypical development of the system. Evidence from neuro-imaging studies pointed to the existence of structural and functional differences in brain of maltreated children who exhibit mental-health issues (Odebrecht et al., 2011; McCrory, De Brito & Viding, 2010). Research indicates that sexually abused children are at increased risk for developing

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serious health conditions. Survivors of child sexual abuse are more likely to feel sick often, undergo surgical interventions and are at increased risk of developing chronic pain syndromes (Felitti, 1991; Kendal-Tackett, 2002). Child sexual abuse is also found to be associated with ischemic heart disease, cancer, chronic lung disease, irritable bowel syndrome, fibromyalgia, osteoarthritis, chronic spinal pain and severe headaches. Unwanted pregnancy and abortion is a major health issue when it comes to female victims (Scott et al., 2011; Wyatt, Guthrie & Notgrass, 1992).

With respect to mental-health outcomes of sexual abuse in children, there exists robust research evidence that abuse victims are more likely than non-victims to develop a wide array of physical, psychological, behavioural and interpersonal problems (Trickett & Putnam, 1998; Maniglio, 2009). However, the manifestation of symptoms depends on the developmental level of the child (Kendall-Tackett, Williams & Finkelhor, 2001). Some of the behavioural effects observed in child victims include regression, social withdrawal, sexualized behavior, sex play with others, sexual language, conflicts with family or peers, sexual victimization of others, difficulty separating from care-givers and hyperactivity. Emotional effects include anxiety, clinging, nightmares, fears, depression, guilt, anger, suicidality, low self-esteem, obsessions and tics. Cognitive issues constitute learning difficulties, poor attention and concentration, negative perceptions and dissociations. Finally, physical effects could be apparent in the form of bruises, genital pain, itching and bleeding, problems in walking and sitting, sleep disturbances, eating disturbances, enuresis, encopresis, stomachache, headache, and pregnancy. Long term effects of sexual abuse include depression, anxiety, difficulty trusting others, poor social adjustment, social isolation, sexual re-victimization, post-traumatic stress disorder (PTSD) symptoms, sexual phobia, anxiety and guilt associated with sex, prostitution, promiscuity, eating disorders, substance abuse, self-mutilation, chronic pain, headaches, irritable bowel syndrome and obesity. Considering the variability in symptoms, its timing of manifestation and severity level, research studies carried out over years had found that factors like greater duration of abuse, use of severe forms of abuse, intra-familial abuse, more number of perpetrators, use of force or physical injury, multiple types of abuse, negative response toward the victim lack of social support, negative appraisal by victim have a significant influence on the association between abuse and its outcome in victim (Berliner, 2011). This complexity in clinical manifestations and role of various factors in determining the severity of trauma experienced should be carefully assessed while planning treatment for the victim.

## **TREATMENT CONSIDERATIONS**

Saunders, Berliner and Hanson (2004) had proposed general principles of treatment that could be used as a guide for planning treatment of children affected by sexual abuse. These guidelines are based on findings from significant scientific literature and clinical experience in treating children affected by sexual abuse. The following section gives an outline of these general principles of treatment.

1. In all abuse specific interventions, the practitioner should acknowledge child's abuse experience and characterize it as wrong, unlawful, and harmful. Assessment of child's physical and emotional safety should be carried out and if possible acceptable level of safety should be ensured prior to treatment. This is important, as a child living in unsafe condition is unlikely to benefit from treatment.
2. A comprehensive clinical examination of child's trauma-history, abuse-related and general mental-health, and behavioural issues should be carried out prior to commencement of therapy. This would

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