

Childhood Sexual Abuse

Identification, Screening, and Treatment

Recommendations in Primary Care Settings



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KEYWORDS

- Childhood sexual abuse • Sexual abuse screening • Childhood PTSD
- Trauma-focused cognitive behavioral therapy (TF-CBT) • Sexual victimization

KEY POINTS

- Childhood sexual abuse (CSA) poses a significant risk to children, both in terms of acute reactions as well as the increased likelihood of long-term physical and mental health problems.
- Available data consistently indicate that girls and adolescents are at a higher risk for sexual victimization; because of barriers related to screening and disclosure, current epidemiologic evidence is likely an underestimation of the actual incidence and prevalence of CSA.
- Use of validated screening tools and targeted clinical examination in the primary care setting can help identify children who may benefit from further evaluation to determine treatment needs.
- Given the paucity of data in the pediatric population, the use of medications to treat trauma-related symptoms, such as posttraumatic stress disorder, is reserved for refractory cases and patients with comorbid diagnoses for which pharmacologic management is widely accepted.
- Because of their role in children's health care, primary care providers should provide guidance for victims and their families and be knowledgeable about their mandated responsibilities for reporting suspected abuse.

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INTRODUCTION

Definition of Childhood Sexual Abuse

The National Child Traumatic Stress Network (www.nctsn.org) defines childhood sexual abuse (CSA) as “any interaction between a child and an adult (or another child) in which the child is used for sexual stimulation of the perpetrator or an observer.”¹ Sexual abuse can involve touching as well as nontouching behaviors, including voyeurism, exhibitionism, or exposing the child to pornography. It is important to recognize that not all children experience physical force; but instead, offenders may use a variety of coercive, manipulative, and deceptive tactics to engage children in sexual activity and reduce the likelihood of disclosure.

Prevalence and Incidence of Childhood Sexual Abuse

CSA poses a significant risk to children, both in terms of acute reactions as well as the increased likelihood of long-term physical and mental health problems.^{2–4} As a consequence, CSA and other forms of maltreatment present a substantial and costly public health concern.⁵ In a recent review of epidemiologic studies of trauma in childhood, Saunders and Adams⁶ provided information on prevalence and incidence of trauma, challenges to understanding the existing epidemiologic data, and recommendations for clinicians regarding best practice for screening of trauma and its impact. Interested readers are referred to the publication for further details.

Based on recent national data, between 8% and 12% of youths have experienced at least one sexual assault in their lifetime.⁶ This percentage is in comparison with approximately

- 9% to 19% who have experienced physical abuse by a caregiver or physical assault
- 38% to 70% who have witnessed serious community violence
- 10% who have witnessed serious violence between caregivers
- 20% who have lost a family member or friend to homicide

Data from the National Survey of Children’s Exposure to Violence⁷ (NatSCEV), which included a nationally representative sample of 4000 children aged 0 to 17 years, indicated that 2.0% of girls experienced sexual assault or sexual abuse within the study year (2013–2014), whereas 4.6% of girls aged 14 to 17 years experienced sexual victimization within the 1-year period.^{8,9} Youths rarely report exposure to a single event; rather, exposure to multiple types of trauma, referred to as *poly-victimization*, is very common, with prevalence rates ranging from 20% to 48%.¹⁰ Available data consistently indicate that certain factors, such as sex and age, confer added risk for sexual victimization. For example, data from the NatSCEV indicated that girls were 1.5 times more likely than boys to report at least 1 episode of sexual victimization within the past year. Adolescents are at higher risk as compared with younger children.⁸ For example, in the National Survey of Adolescents^{11,12} (NSA) and NSA-Replication^{13,14} (NSA-R), 8% of adolescents reported at least one sexual victimization in their lifetime, with significantly higher rates for girls versus boys (13% vs 3%, respectively). Taken together, available data indicate that girls have a 3 to 4 times greater risk for sexual victimization than boys.

Another important issue, particularly for female adolescents, is drug- or alcohol-facilitated sexual assault. McCauley and colleagues¹⁵ analyzed data from the NSA-R and found that 2% of interviewed girls reported that they had been sexually assaulted while incapacitated because of drugs or alcohol.

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