ACA-PBs
American Counseling Association Practice Briefs
The Center for Counseling Practice, Policy, and Research
counseling.org/practice_briefs | 703-823-9800 x324

December 2013

Adult Child Sexual Abuse Survivors

Rachel M. Hoffman, Meridian Community Care
Chelsey Zoldan, Youngstown State University

Description of Adult Child Sexual Abuse Survivors

Definition
Sexual assault of children can include fondling, masturbation, intercourse, oral or anal sex, prostitution, pornography, and any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare Incest is considered a subtype of childhood sexual abuse

Resource:
United States Department of Veteran's Affairs
http://www.ptsd.va.gov/public/pages/child-sexual-abuse.asp

United States Department of Health and Human Services
https://www.childwelfare.gov/pubs/usermanuals/sexabuse/sexabuseb.cfm

Prevalence
Prevalence estimates of childhood sexual assault are difficult to estimate, as many of these crimes may go unreported. According to the U.S. Department of Health and Human Services' Children's Bureau report *Child Maltreatment 2011, they estimated that* about 9% of victimized children were sexually assaulted. Additionally, it is estimated that approximately 20% of females and 5%-10% of males reported a childhood sexual abuse or victimization incident (Finkelhor, 2008).

Resource:
U.S. Department of Health and Human Services' Children's Bureau Report on *Child Maltreatment 2011*
http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011

IDENTIFICATION/ASSESSMENT STRATEGIES

When working with people who have been sexually abused, it is important to identify the impacts the abuse experiences have had on the their psychological and behavioral functioning. Assessment instruments can be helpful in identifying these impacts, and in suggesting a course of treatment which best addresses the identified problems.

Trauma Symptom Inventory (TSI; Briere, 1995)
The Trauma Symptom Inventory (TSI; Briere, 1995) is a 100-item self-report measure developed for use in adults to assess a wide range of trauma-related symptoms. The TSI is composed of 10 clinical scales and 3 validity scales. Five clinical scales (i.e., Anxious Arousal, Depression, Anger/Irritability, Intrusive Experiences, and Defensive Avoidance) measure symptoms associated with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) diagnosis of posttraumatic stress disorder (PTSD; American Psychiatric Association, 2000). The other five clinical scales (i.e., Dissociation, Sexual Concerns, Dys-

functional Sexual Behavior, Impaired Self-Reference, and Tension-Reduction Behavior) measure additional symptoms often seen in trauma survivors, especially survivors of childhood trauma.
The TSI is designed to be administered by counselors who hold a minimum of a master's degree. It is appropriate for use in adults between the ages of 18-88 years old. Administration typically takes approximately 20 minutes. The TSI is available for purchase from Psychological Assessment Resources (PAR): http://www4.parinc.com/Products/Product.aspx?ProductID=TSI-2

Resource: Review of the TSI measure:
Briere, J. (1995). *Trauma Symptom Inventory professional manual.* Odessa, FL: Psychological Assessment Resources.

Posttraumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997)
The PDS is a 49-item self-report measure which measures the severity of PTSD symptoms related to a single identified traumatic event. The PDS assesses all of the DSM-IV criteria for PTSD (i.e., Criteria A–F) and inquires about symptoms during the past month. The PDS will reflect the severity and the frequency for which the respondent is experiencing the 17 symptoms of PTSD. It is appropriate for use in adults between the ages of 18-65 years old. Administration takes about 15 minutes. The PDS is available for purchase from Pearson Assessment: http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAg510&Mode=summary

Resource: Review of PDS
Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment, 9,* 445-451.

INTERVENTION STRATEGIES

"There is little question that trauma symptomatology is prevalent in adult survivors of childhood sexual abuse and that treatment needs to address these symptoms" (Classen, Koopman, Nevill-Manning, & Spiegel, 2001, p. 267). Despite the importance of effective interventions for use with adult child sexual abuse (CSA) victims, the challenges involved in treating survivors of CSA are multifaceted (Gold, 1997). Effective training is essential for counselors to be prepared to meet the needs of clients who were sexually abused in childhood (Gold, 1997). A meta-analysis of therapeutic approaches for adult survivors demonstrated that abuse-focused psychotherapy (i.e., a counseling approach that addresses the past abuse) is generally beneficial for adult survivors of CSA (Martsolf & Draucker, 2005)

A meta-analysis of interventions for CSA survivors did not demonstrate any one therapeutic approach (e.g., cognitive-behavioral, EDMR, eclectic) to be superior in the treatment of the issues adult CSA survivors experience (Martsolf & Draucker, 2005). Effective treatment of adult survivors included the following therapeutic dynamics: a) creating a therapeutic climate which increases the likelihood of a CSA disclosure (Mennen & Pearlmutter, 1993), and responding to disclosures appropriately; b) recognizing the indicators that could suggest a history of CSA and proceeding appropriately (Mennen, 1992); c) determining a focus on past trauma or present symptoms to ensure that treatment is suitable for clients who have had a history of CSA (Mennen &Pearlmutter, 1993; Spiegel, Classen, Thurston, & Butler, 2004); and d) utilizing an effective treatment modality for adult survivors (Busby, Glenn, Steggell, & Adamson, 1993). Although numerous modalities (e.g., CBT, DBT, Narrative therapies) may be helpful in the treatment of adult survivors of CSA, perhaps one of the most important dynamics is creating a therapeutic environment which will facilitate disclosure and thus effective resolution of CSA-related issues.

Resources:
Overview of counseling adult survivors of childhood sexual abuse
Sanderson, C. (2006). *Counseling adult survivors of child sexual abuse.* Philadelphia, PA: Jessica Kingsley Publishers.

U.S. Department of Health and Human Services (USDHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices (a search on sexual abuse provides information on treatment programs which address sexual abuse)

http://www.nrepp.samhsa.gov/Index.aspx

Cognitive Behavioral Therapies (CBT)
The majority of empirically-supported interventions for adult survivors fall under the theoretical realm of cognitive behavioral therapy (Gore-Felton, Gill, Koopman, & Spiegel, 1999). While there are many different types of cognitive behavioral therapy approaches, a commonality of these therapies is the emphasis on helping clients change their cognitions and meanings related to the sexual abuse and assisting clients in identifying adaptive behaviors. McDonagh et al. (2005) noted that CBT was effective in decreasing the PTSD-related symptomology in adult female survivors of CSA. Other researchers (e.g., Putman, 2003) have suggested that CBT may be effective in the treatment of trauma symptoms in survivors of CSA.

Resource: Overview of Cognitive Behavioral Approaches
http://www.beckinstitute.org/what-is-cognitive-behavioral-therapy/

Two types of CBT approaches include **Anxiety Management Therapy (AMT)** and **Cognitive Restructuring.** Anxiety management therapy (AMT) can be helpful for CSA survivors who are exhibiting symptoms consistent with PTSD (Foa & Rothbaum, 1998). Stress inoculation training (SIT; Meichenbaum, 1974), the most researched form of AMT, offers clients the opportunity to manage anxiety symptoms using a variety of cognitive and behavioral coping skills. Examples of coping skills that may help reduce anxiety are: covert modeling, positive thinking and self-talk, assertiveness training, guided imagery, and thought-stopping (Hensley, 2002).

Cognitive restructuring assists the client to name the assault, correct distortions that perpetuate self-blame, and find meaning in the experience (Burkhart & Fromuth, 1996). Cognitive restructuring is used to challenge client's faulty beliefs as they arise in sessions. When these beliefs arise, the counselor can help the client replace the self-defeating and self-blaming beliefs with more logical self-statements that reflect the client's strengths and sense of power (Kubany, 1998). For example, a counselor may help the client confront and dispute the faulty belief that she somehow *caused* the abuse to happen.

Mindfulness-Based Approaches
Mindfulness-based approaches (e.g., Acceptance and Commitment Therapy [ACT] Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Dialectical Behavioral Therapy [DBT] Linehan, 2000; Mindfulness-Based Stress Reduction [MBSR] Kabat-Zinn, 1982) may be effective in the treatment of adult CSA survivors. Although research on these approaches is still in its infancy, there have been several studies which have shown mindfulness-based approaches as promising interventions for adult survivors of CSA. Kimbrough, Magyari, Langenberg, Chesney, and Berman (2010) found that an 8-week MSBR program decreased self-reported depressive and PTSD symptoms in adult survivors of CSA. Similarly, Steil, Dyer, Priebe, Kleindienst and Bohus (2011) found that DBT was helpful in reducing PTSD symptomology in adult survivors of CSA.

Resources: Overview of DBT
http://www.behavioraltech.com/resources/whatisdbt.cfm

Overview of ACT
http://contextualpsychology.org/

Narrative Approaches

Counselors who work with adult survivors of CSA are tasked with finding a way to move the client from *victim* to *survivor* (Bogar & Hulse-Killacky, 2006; Kress & Hoffman, 2008). Narrative approaches to treatment (e.g., externalization of the abuse, letter writing) may be helpful in empowering the survivor to externalize the abuse event (Kress, Hoffman, & Thomas, 2008). It is important to note that language can be powerful element of effective treatment. In fact, adult CSA survivors have noted the importance of moving beyond the labels associated with the experience of CSA. Philips and Daniluk (2004) identified that letting go of the *victim* identity and embracing the *survivor* identity is a very powerful experience for women in treatment; however, eventually, clients note that letting go of the *survivor* label becomes an important goal as counseling proceeds.

Resources: Narrative approaches to working with survivors of CSA

Bogar, C. B., & Hulse-Killacky, D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counseling & Development, 84,* 318-327.

Kress, V. E., Hoffman, R. M., & Thomas, A. M. (2008). Letters from the future: The use of therapeutic letter writing in counseling sexual abuse survivors. *Journal of Creativity in Mental Health, 3*, 105-118.

Kress, V. E., & Hoffman, R. M. (2008). A strength-based, solution-focused Ericksonian counseling group for sexually abused adolescents. *Journal of Humanistic Counseling, Education, and Development, 47,* 172 – 186.

Couples Counseling

Couples counseling may be another treatment option to help resolve present relational difficulties resulting from CSA. Problems associated with CSA may have implications for adult intimate relationships and counselors should recognize the connection of present behavior with past CSA (Cobia, Sobansky, & Ingram, 2004). Cobia et al. (2004) described the following relationship difficulties that can occur as a result of past CSA: a) coercion with expressing love and acceptance, b) sexual difficulties, c) forming trusting relationships, and d) strained relational attachments. The goal of couples counseling is to work on these issues within the relational dyad.

Resources: Couples Counseling with CSA Survivors

Cobia, D. C., Sobansky, R. R., & Ingram, M. (2004). Female survivors of childhood sexual abuse: Implications for couples' therapists. *The Family Journal: Counseling and Therapy for Couples and Families, 12,* 312-318.

Special Populations

Women. Childhood sexual trauma is associated with problematic behaviors in adult females including the following: pervasive mental health issues (Noll, 2008), sexual promiscuity (Niehaus, Jackson, & Davies,2010), self-injury, eating disorders, dissociation, and antisocial behavior (Wise, Florio, Benz, & Geier, 2007). Counseling is useful in altering women's perceptions of self from contaminated and self-blaming, shame-based, and invisibility to a positive, integrated, visible identity (Phillips & Daniluk, 2004).

Resources: Working with women who are survivors of CSA.

Philips, A., & Daniluk, J.C. (2004). Beyond "survivor": How childhood sexual abuse informs the identity of adult women at the end of the therapeutic process. *Journal of Counseling & Development, 84,* 177-184.

Men. Until recently, male survivors of child sexual abuse have not been adequately represented in the research literature. However, recent researchers have discussed the importance of understanding the unique treatment needs of male survivors of CSA. Hovey, Stalker, Schachter, Teram, and Lasiuk (2011) pointed out various considerations for male survivors, including the following: a) issues with seeing a counselor who is of the same gender of the perpetrator, b) experience of triggers during medical procedures which may result in untreated physical health concerns, and c) fear of making the initial disclosure of the abuse.

Resources: Considerations for working with male CSA survivors

Hovey, A., Stalker, C. A., Schachter, C. L., Teram, E., & Lasiuk, G. (2011). Practical ways psychotherapy can support physical healthcare experiences of male survivors of childhood sexual abuse. *Journal of Child Sexual Abuse, 20,* 37-57.

Revictimized clients. Childhood sexual abuse (CSA) is a factor associated with greater risk for adult sexual assault (Arata, 2002; Messman-Moore & Long, 2000, 2002; Noll, Horowitz, Bonanno,Trickett, & Putnam, 2003; Roodman & Clum, 2001), with estimates suggesting that CSA survivors are two to three times more likely to be sexually assaulted in adolescence and adulthood than the general population (e.g., Arata, 2002; Cloitre, Tardiff, Marduk, & Leon, 1996). Researchers (e.g.,Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007) have suggested that an internal locus of control and effective coping strategies may serve as a protective factor against sexual revictimization in adulthood. Thus, it is important for counselors to address these variables during the treatment process. Hodges and Myers (2010) proposed a wellness-based model for working with adult survivors that may increase self-efficacy, resiliency, and awareness of healthy coping skills.

Resource: Wellness-based approach to Adult Survivors of CSA

Hodges, E. A., & Myers, J. E. (2010). Counseling adult women survivors of childhood sexual abuse: Benefits of a wellness approach. *Journal of Mental Health Counseling*, *32*, 139-154.

REFERENCES

Arata, C. (2002). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice, 9*, 135-164.

Burkhart, B. R., & Fromuth, M. (1996). The victim: Issues in identification and treatment. In T. L. Jackson (Ed.), *Acquaintance rape: Assessment, treatment, and prevention* (pp. 145-176). Professional Resource Press/Professional Resource Exchange.

Busby, D. M., Glenn, E., Steggell, G. L., & Adamson, D. W. (1993). Treatment issues for survivors of physical and sexual abuse. *Journal of Marital and Family Therapy, 19*, 377-391

Classen, C., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). A preliminary report comparing

trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. *Journal of Aggression, Maltreatment & Trauma*, *4*, 265-288.
Cloitre, M., Tardiff, K., Marduk, P. M., & Leon, A. C. (1996). Childhood abuse and subsequent sexual assault among female inpatients. *Journal of Traumatic Stress, 9*, 473-482.
Finkelhor, D. (2008). *Childhood victimization: Violence, crime, and abuse in the lives of young people.* New York, NY: Oxford University Press, Inc.
Foa, E. B., & Rothbaum, B. O. (1998). *Treating the trauma of rape: Cognitive behavioral therapy for PTSD.* New York: Guilford.
Gold, S. N. (1997). Training professional psychologists to treat survivors of childhood sexual abuse. *Psychotherapy*, *34*, 365-374.
Gore-Felton, C., Gill, M., Koopman, C., & Spiegel, D. (1999). A review of acute stress reactions among victims of violence: Implications for early intervention. *Aggression and Violent Behavior, 4*, 293-30
Hayes, S.C., Luoma, J.B., Bond, F.W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research & Therapy, 44*, 1–25.
Hensley, L. A. (2002). Treatment for survivors of rape: Issues and interventions. *Journal of Mental Health Counseling, 24*, 330-347
Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*, 33–47.
Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M., and Berman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology, 66,* 17-31.
Kubany, E. S. (1998). Cognitive therapy for trauma related guilt. In V. Foltte, I. Ruzek, & F. Abug (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 124-61). New York, NY: Guilford.
Linehan, M. (2000). The empirical basis of dialectical behavior therapy: Development of new treatments versus evaluation of existing treatments. *Clinical Psychology: Science and Practice, 7,* (113–119).
Martsolf, D. S. & Draucker, C. B. (2005). Psychotherapy approaches for adult survivors of childhood sexual abuse: An integrative review of outcomes research. *Issues in Mental Health Nursing, 26,* 801-825.
Meichenbaum, D. (1974). *Cognitive behavioral modification.* Morristown, NJ: General Learning Press.
Mennen, F. (1992). Treatment of women sexually abused in childhood: Guidelines for the beginning practitioner. *Women & Therapy, 12,* 25-46.
Mennen, F., & Pearlmutter, L. (1993). Couples therapy and the detection of childhood sexual abuse. *Families in Society, 74,* 74-81.
Messman-Moore, T. L. & Long, P. J. (2000). Child sexual abuse and revictimization in the form of adult sexual abuse, and adult psychological maltreatment. *Journal of Interpersonal Violence, 15*, 489-502.
Messman-Moore, T. L., & Long, P. J. (2002). Alcohol and substance use disorders as predictors of child to adult sexual revictimization in a sample of community women. *Violence and Victims, 17*, 319-340.
McDonagh, A., Friedman, M., McHugo, G., Ford, J., Sengupta, A., Mueser, K., & ... Schnurr, P. P. (2005). Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, *73*(3), 515-524.
Niehaus, A. F., Jackson, J., & Davies, S. (2010). Sexual self-schemas of female child sexual abuse survivors: Relationships with risky sexual behavior and sexual assault in adolescence. *Archives of Sexual Behavior*, *39*, 1359-1374.

Noll, J. (2008). Sexual abuse of children: Unique in its effects on development? *Child Abuse and Neglect, 32,* 603-605.

Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse: Results from a prospective study. *Journal of Interpersonal Violence, 18*, 1452-1471.

Philips, A., & Daniluk, J. C. (2004). Beyond "survivor": How childhood sexual abuse informs the identity of adult women at the end of the therapeutic process. *Journal of Counseling & Development, 84,* 177-184.

Putman, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42,* 269-278.

Roodman, A. A., & Clum, G. A. (2001). Revictimization rates and method variance: A meta-analysis. *Clinical Psychology Review, 21*, 183-204.

Spiegel, D., Classen, C., Thurston, E., & Butler, L. (2004). Trauma-focused versus present-focused models of group therapy for women sexually abused in childhood. In L. J. Koenig, L. S.Doll, A. O'Leary, & W. Pequegnat (Eds.), *From child sexual abuse to adult sexual risk: Trauma, revictimization, and intervention* (pp. 251 -268). Washington, DC: American Psychological Association

Steil, R., Dyer, A., Priebe, K., Kleindienst, N. & Bohus, M. (2011). Dialectical behavior therapy for post-traumatic stress disorder related to childhood sexual abuse: A study of an intensive residential treatment program. *Jounral of Traumatic Stress, 24,* 102-106.

Walsh, K., Blaustein, M., Knight,W. G., Spinazzola, J., & van der Kolk, B. A. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse, 16,* 1-17.

Wise, S., Florio, D., Benz, D. R., & Geier, P. (2007). Ask the experts: Counseling sexual abuse survivors. *Annals of the American Psychotherapy Association, 10,* 18-21.