
Treating Adults And Children After Sexual Abuse: The Future Impact Of Nontreatment

From the time children are born, they are vulnerable to the world around them. Fortunately, our communities have created resources that are available to some challenged families to assist in providing children's basic physiological needs. Maslow's Hierarchy of Needs, food, water, air, sleep, shelter, and healthcare are at the core of what is needed for basic survival. The second tier of the theory mentions a need for safety, security, and protection and especially a stable and secure environment. Most people would think of home as a stable and secure environment because it is where bonds were formed between family and friends and it can be referenced to some of our best memories. But unfortunately for some children and adults, home more of a place of fear, loneliness, isolation, and abuse.

There are many reasons why an individual may not regard the home as a sanctuary but the most devastating would be from family violence or abuse. Abuse can be physical, sexual, and emotional and it can deprive or violate an individual's life-sustaining needs which can have a long-term negative impact for the individual and the community if left untreated. Childhood sexual abuse (CSA) is one of the forms of abuse and probably the most egregious. It's been difficult to define because of its' nature which makes it difficult to develop adequate protection or preventive measures. However, the World Health Organization has provided a complete set of guidelines on how to recognize it and how to treat it if a case is found.

When an adult or adolescent uses their power and authority to engage in a sexual act with a minor or exposes the minor to inappropriate sexual behavior or material. A person who is sexually abusing a child may do so with threats, physical force and typically in secret. CSA is considered a severe traumatic event and is seen as unique because it involves the violation of the body of a child. Unlike physical abuse where there is a visible sign, sexual abuse involves oral, anal or genital penetration and can vary in form and frequency. Research shows that sexual abuse is always done covertly with a family member or with a trusted member of the family. This type of abuse is never disclosed and may remain undisclosed for many years (Slávka Karkošková, 2015).

Children are not developmentally prepared to engage in sexual acts and those who are long-time victims find ways to detach themselves from the molestation. Improper or no treatment at all can negatively impact their mental and physical health as they reach adulthood. A large number of studies have listed numerous psychological, behavioral, and social difficulties in survivors. It includes high levels of depression, psychological distress, poor self-esteem substance abuse, suicide attempts, psychopathology disorders, self-destructive behavior, and dissociative disorders with PTSD as the most common (Sinanan,2015). Studies have also found that child sex offenders were highly likely to have also been a victim of sexual abuse. A variety of treatment interventions currently exist that is designed to provide support, psychoeducation, and strategies to prevent any future abuse or dysfunction after a report is filed. Early treatment aims to restructure the damage created by the trauma into something positive and empowering. There is documented evidence showing victims responding positively to cognitive behavioral therapy because it teaches them how to manage negative emotional and behavioral responses by effectively process the experience (Holm and Hansen, 2004). To have successful treatments,

children and adults must have treatment adherence and compliance without any barriers.

Barriers to successful treatment services can compromise long-term well-being. Families and individuals may be faced with financial difficulties that obstruct the number of treatments received thereby affecting the quality. Other barriers faced might be the level of family stress from the situation, time constraints, developmental concerns for child and caregiver, cultural differences, religious beliefs or even treatment acceptability (Holm and Hansen, 2004). However, according to research, the most common barrier in completing treatment counseling for children is the lack of parental or caregiver participation during these sessions. Research indicated that parental involvement helps reduce stress, stabilize the child's external behaviors that get in the way. It has also shown the child that they are being supported. Parents also get an opportunity to see what occurs during sessions and learn how to help them continue how to achieve goals at home that will reinforce positive thinking (McPherson et al.).

As indicated earlier, barriers to a successful counseling session can also include ones that are therapist or agency related i.e. client-therapist rapport, gender differences, and therapist behavior. There are others that not only jeopardize treatment but can violate ethics if not careful. To name a few, the APA explicitly requires health care professionals of the ethical standard to 'do no harm' to those with whom they work and survivors are vulnerable to being re-victimized. There is a high potential for conflicting roles as practitioners become more involved with the legal system so it is important to distinguish between the role of practitioner and forensic evaluator and establish guidelines that discourage playing both roles. The therapist should only operate within their level of experience to be seen as credible and have a basic familiarity of how the legal system operates, the laws of that state, and their role within the law (Ethical Principles of Psychologists and Code of Conduct (1992).

Texas law provides protection for the abused throughout an investigation, and resolution of any allegations of abuse, neglect, or exploitation of individuals with disabilities. It has both civil and criminal laws that protect children from abuse and neglect. Any person or professional can report suspicions of CSA and will be protected by law from liability when a report is made in good faith during an investigation. Failure to report suspected abuse or neglect even when in doubt is a criminal offense. A person who is required to file a report of suspected abuse and knowingly fails to do so has committed a Class A misdemeanor offense that is punishable by a fine up to \$4,000 or confinement in jail for up to 1 year, or both. Newborns and children under the age of 18 are protected but are limited in care after 18. A statute of limitations allows survivors to file a claim of abuse for up to 15 years after their 18th birthday. On May 25, 2019, a bill was approved unanimously that would allow victims of childhood sexual abuse to bring a civil lawsuit against their abuser and institutions up to 30 years after their 18th birthday. This came after former Olympic and U.S. national team gymnasts urged legislators to restore a key provision allowing victims to take on institutions such as Catholic Churches, Boy Scouts of America and of course the USA Gymnastics Teams ('Spectrum News San Antonio'). There is still more work to be done but this is a start.

Works Cited

1. Branaman, T. F., & Gottlieb, M. C. (2013). Ethical and legal considerations for treatment of alleged victims: When does it become witness tampering? *Professional Psychology: Research and Practice*, 44(5), 299-306. <http://dx.doi.org/10.1037/a0033020>

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2. Ethical Principles of Psychologists and Code of Conduct (1992). (2019). Ethical Principles of Psychologists and Code of Conduct (1992). Retrieved July 29, 2019, from <https://www.apa.org> website: <https://www.apa.org/ethics/code/code-1992>
 3. Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child Sexual Abuse. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 321–337. <https://doi.org/10.1016/j.chc.2014.01.003>
 4. Gopalan, Geetha, et al. 'Engaging Families into Child Mental Health Treatment: Updates and Special Considerations.' *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Academie Canadienne de Psychiatrie de l'enfant et de l'adolescent*, vol. 19, no. 3, 2010, pp. 182–96, www.ncbi.nlm.nih.gov/pmc/articles/PMC2938751/. Accessed 21 July 2019.
 5. Holm, Jeremy W, and David J Hansen. *Examining and Addressing Potential Barriers to Treatment Adherence for Sexually Abused Children and Their Non-Offending Parents*. 2004.
 6. McPherson, Paul, et al. 'Barriers to Successful Treatment Completion in Child Sexual Abuse Survivors.' *Journal of Interpersonal Violence*, vol. 27, no. 1, 2012, pp. 23–39, www.ncbi.nlm.nih.gov/pubmed/21859762, 10.1177/0886260511416466. Accessed 21 July 2019.
 7. 'Slávka Karkošková.' ResearchGate, ResearchGate, Dec. 2015, www.researchgate.net/profile/Slavka_Karkoskova. Accessed 22 July 2019.
 8. 'Trauma: Childhood Sexual Abuse.' *Psychology Today*, 2013, www.psychologytoday.com/us/blog/somatic-psychology/201303/trauma-childhood-sexual-abuse. Accessed 22 July 2019.
 9. Ethical and Legal Considerations for Treatment of Alleged Victims: When Does It Become Witness Tampering? | Tim F. Branaman | Request PDF. Retrieved July 22, 2019, from ResearchGate
 10. Spectrum News San Antonio. (2019). Retrieved July 23, 2019, from [Spectrumlocalnews.com](https://spectrumlocalnews.com) website: <https://spectrumlocalnews.com/tx/san-antonio/news/2019/05/25/texas-set-to-expand-statute-of-limitations-on-child-sex-abuse-lawsuits>