

Trauma, Re-victimization, and Intervention: A Look at The Effects of Childhood Trauma on Adult Health Outcomes and Evidence Based Interventions

May 2, 2016



Physician Partners



HOFSTRA NORTHWELL
SCHOOL *of* MEDICINE
AT HOFSTRA UNIVERSITY™

Objectives of Presentation

- Define Sexual Abuse.
- Understand the cognitive, behavioral, psychological disturbances.
- Present correlating evidence about Child Sexual Abuse (CSA) and its link to negative health outcomes in the years following the abuse.
- Explore interventions to assist clinicians with servicing this vulnerable population.

CSA

This Vignette and Presentation may be triggering to some.

Vignette: The author's story

CSA

Childhood Sexual Trauma (CSA) can encompass a range of experiences. For this presentation, the focus will be on Childhood Sexual Abuse (CSA).

- It's pervasive and highly damaging effect to a developing child.
- The literature suggests that children who experience sexual abuse are more likely to engage in risky sexual behaviors.
- Or be vulnerable to many negative health and psychosocial outcomes such as:
poverty, victimization, predatory behaviors, unwanted pregnancy, and acquisition of sexually transmitted infections including HIV.

CSA

- Data from national samples suggests that, 12% to 53% of girls and 3% to 16% of boys experience some form of sexual abuse during childhood.
- Data is consistent across ethnic groups.
- Men of color reported more CSA than their white counter-parts.

Trauma & Childhood sexual abuse (CSA)

CSA

What is trauma?

- The board definition of trauma is witnessing or experiencing an event that's encompasses a real or perceived threat.
- Trauma can be:
 - Acute
 - Chronic
 - Complex

CSA

What Is Child Sexual Abuse (CSA)?

- In most states, the legal definition of CSA is an act of a person (adult or child), who forces, coerces, manipulates, or threatens a child.
- CSA can encompass many experiences such as touching sexual offenses involving penetration, non touching sexual offenses involving exposing a child to pornographic materials, sexual trafficking and exploitation.

CSA

What is Child Sexual Abuse?

- The majority (78.1%) of perpetrators was a parent/guardian/ or some form of caretaker of their victim, 6.3 percent of perpetrators were a relative other than a parent/guardian, etc., and 4.1 percent had other less intimate relationships towards the child, and nearly 4 percent (3.7%) of perpetrators were an unmarried partner to the victim's parent.

Effects of CSA



CSA

What are the effects of CSA?

- Stress induces high stress levels which can compromise the development and functional neural pathways: leading to disruptive circuits for the remainder of their lives.
- May develop a diminished capacity to adequately deal with interpersonal relationships, have difficulty with emotional regulation, self-concept, and may prone to fits of rage or on the other end of the spectrum, they may become numb, spaced out and withdrawn or feel hopeless.

CSA

What are the effects of CSA?

- CSA also falls on the child's support systems.
- Failures can be detrimental

CSA

Koenig et al. (2004) has identified seven cognitive disturbances and behaviors that increase an adult CSA survivor's risk of adverse health outcomes as listed below:

Self- Esteem

Psychosocial Well-Being

Passive and Avoidant Coping

Self- Efficacy

Gender Role Beliefs

Sexual Self-Image

Anticipated Negative Partner Response

CSA: Correlating Data



CSA

A brief look at the literature:

- Pence et al. (2012) studied 611 persons living with HIV/AIDS with histories of traumas

In conclusion: past trauma was associated with seven behavioral and health outcomes including increased sexual risk behaviors and traumas were the highest indicator of most adverse health outcomes even after adjusting for other psychosocial mediators.

CSA

A brief look at the literature:

- Koenig et al. 2004 examined 14 separate studies with data on the prevalence of sexual abuse among HIV positive women.

In conclusion: “The proportion of HIV- infected women who had a history of CSA ranged from 31% to 53%.” (Koenig et. al. 2004) This finding was higher than expected from the national prevalence data.

CSA: Interventions



CSA

Interventions:

According to the Center for Disease and Prevention (CDC) Cognitive Behavioral Therapy (CBT) with components of mindfulness is one of many effective interventions for survivors of CSA at risk of or living with adverse health outcomes.

CSA

Interventions:

Although pending peer review, an often utilized intervention for adolescents and young adults is Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). SPARCS is designed for adolescents/ young adults ages 12-21. SPARCS is a trauma informed, strength based, cognitive behavioral therapy group that reminds adolescents and young adults that they are resilient and identifies and teaches more effective coping strategies in order have a more favorable response to stressors.

CSA

Interventions:

For adults eighteen years and older for which SPARCS may not be as effective, there is Living in the Face of Trauma (LIFT). LIFT; an evidence based fifteen session group, recognized by the Centers for Disease Control and Prevention (CDC), as one of the best evidence based interventions for adults who are living with HIV/AIDS and have a history of CSA in childhood or adolescence.

CSA

For clinicians understanding the coping intervention delivery is essential element of SPARCS and LIFT. Other key elements include:

- Providing a supportive and safe environment
- Address the traumatic stress and related symptoms and related symptoms of living with HIV/AIDS and a history of childhood sexual abuse
- Utilizing cognitive and behavioral strategies to implement adaptive coping strategies related to developing maintaining healthy relationships and health maintenance such as reducing substance abuse, improving patient provider relationships and treatment adherence.

CSA

Interactive handouts and exercises:

- Maladaptive and Adaptive Coping Strategies (handout and discussion)
- Mindfulness exercise (Conclusion)

Thank You!

Q & A

Taciana Pierre, LMSW
Center for Young Adult,
Adolescent, and Pediatric
HIV (CYAAPH)

516-622-5194

tpierre1@northwell.edu

