

ORIGINAL RESEARCH

Administration of Childhood Physical and Childhood Sexual Abuse Screens in Adolescents and Young Adults: a Literature Review



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Abstract

BACKGROUND Childhood physical and sexual abuse can have a negative impact on adolescents and young adults. Although effective interventions that can ameliorate both the short- and long-term negative impacts are available, many adolescent and young adult victims remain without help: They rarely self-identify as victims, and health care providers generally fail to inquire about a history of childhood abuse, especially in the absence of physical signs. The health care field lacks an understanding of effective methods for the identification of childhood abuse.

OBJECTIVES To address this knowledge gap, this paper focuses on a systematic review of the literature for studies comparing modes of administration of measures to identify a history of childhood physical and sexual abuse in adolescents and young adults.

METHODS A systematic review of the literature published in English in peer-reviewed journals between January 1, 1994, and December 31, 2014 was conducted to identify studies that compared 2 or more modes of administration using the same measure to identify a history of childhood physical and sexual abuse in adolescent and young adult populations. Studies that compared 2 or more different measures for identifying abuse were not included in this review because the focus of the review was to isolate the effects of the mode of administration.

FINDINGS Only 1 study that met review criteria was found. It was conducted among female college students in a university setting. No studies were identified that compared modes of administration used to elicit disclosure of a history of childhood abuse among adolescents.

CONCLUSIONS There remains an urgent need to conduct evaluations of methods to identify childhood physical and sexual abuse including the mode of administration of screens in young people. It is recommended that future studies include diverse populations and randomized and quasi-experimental approaches.

KEY WORDS childhood physical abuse, childhood sexual abuse, adolescents, young adults, screens, mode of administration.

INTRODUCTION

According to the National Child Abuse and Neglect Data System, there were 3.5 million child abuse and neglect referrals to child protective services involv-

ing 6.4 million children in the United States in 2013.¹ These numbers are higher than those in 2011, when 3.2 million referrals involving 6.2 million children were made.² For both the 2011 and 2013 data, physical abuse made up 18% and sexual abuse 9% of all the

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referrals. However, actual prevalences of childhood physical and sexual abuse are considered to be much higher because National Child Abuse and Neglect Data System include only reported cases whereas most childhood abuse cases go unreported,³ as has been the case for many years.⁴⁻⁸ Thus the true scope of the problem of childhood abuse remains unclear. Childhood abuse has a tremendous human cost. In addition to the human cost there is a huge financial cost. The estimated annual cost to US society for childhood maltreatment effects (which includes both abuse and neglect) is \$80.3 billion.² Population-based studies examining prevalence of childhood abuse report widely disparate findings.⁹⁻¹¹ Many researchers say that this discrepancy is due to wide variations in the way studies choose to define childhood abuse as well as the lack of standardized and accepted methods to collect this information, including modes of administration and variability introduced in measures by labeling the experience as “abuse” or asking about the experience of events or behaviors without a value label.^{6,7,12-15}

The high prevalence of childhood physical and sexual abuse and its negative impact^{16,17} makes it a major public health concern.^{3,18-23} Its identification, through victim disclosure, is recognized as a necessary first step in ameliorating the immediate and longer-term impact of childhood abuse.²⁴ A number of therapeutic approaches can significantly reduce the common problems and symptoms associated with childhood abuse in children²⁵⁻²⁹ and in adults.³⁰⁻³⁵ Therefore the accurate identification of victims of childhood abuse is a pressing issue and includes the difficulty of identifying abuse both close to the time it occurs and years after it has occurred.²⁻⁵

The health care setting can be a natural place to identify a history of childhood abuse in children, adolescents, young adults, adults, and the elderly because patients accept the fact that medical providers typically will ask very personal questions,^{36,37} and commonly, abuse negatively affects health and victims use more health care. The medical visit includes taking a history, which should include assessment of past and present health risks.^{36,37} However, even in health care settings a very large proportion of abuse cases remain unidentified.^{18,22,36,38}

Most health care providers do not ask their patients about a history of abuse in the absence of physical signs, which is most commonly the case. They report that a major obstacle to asking is the concern that inquiry will lead to reactions and consequences for patients that the health care provider may not be equipped to handle.²² Physicians’ failure to inquire is also, in part, a result of the lack of commonly ac-

cepted measures (ie, screening instruments)³⁹ and lack of strategies for incorporating the use of measures into their practice (ie, how to practically implement screening measures).^{22,38} DiLillo et al⁴⁰ have pointed out that we lack an understanding of how the mode of administering abuse screens (ie, paper and pencil questionnaire, computer-assisted survey, or face-to-face structured interview) affects those being screened, including the effects on levels of discomfort and willingness to disclose.⁴⁰

Studies of other sensitive issues such as high-risk sexual behaviors, HIV, and substance abuse have suggested that computer-based administration of survey measures leads to greater levels of disclosure than paper and pencil questionnaires or face-to-face interviews, offering a greater sense of confidentiality than these other types of survey administration.⁴¹⁻⁴⁶ Comparison of computer interview, face-to-face interview, and self-administered questionnaire asking adolescent girls about health and sexual behavior found that the participants perceived the computer-interactive method as being fun, interesting, confidential, private, and easy.⁴⁷

Therefore understanding which mode of administration of screens to identify childhood abuse is the most effective, focusing on different modes of administration using *identical* measures, is an important area of exploration that can lead to improvements in practice and to more accurate estimates of the prevalence of childhood abuse. Thus this study aims to present a systematic literature review of studies that compared modes of administration of screens to identify a history of childhood physical and sexual abuse in adolescent and young adult populations. Only studies that used a single screening measure in this comparison were included. This literature review does not include studies that focused on the comparison of different measures.

METHODS

Inclusion and Selection Criteria for Identification of Studies. Studies were included if they compared 2 or more modes of administration (using identical measures) to identify a history of childhood physical or sexual abuse in adolescents or young adults, including those conducted among college students where the population was predominantly young adults. Any study describing its population as “college students” where the mean age was 21 years or younger was considered. No exclusions were made based on type of study design (eg, quantitative or qualitative, quasi-experimental or randomized). Only peer-reviewed

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