

## Childhood Sexual Trauma: Impacts and Counselor Competencies

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### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

In paragraph 1 of the Introduction, the sentence “These definitions may differ between cultures, making it hard to truly identify a universal term...” needs clarification. Specify examples of cultural variation or differences in legal definitions to support this claim.

Also in the Methodology, the funneling approach is described, but no PRISMA-like flow or table of inclusion/exclusion criteria is offered. Consider adding a more rigorous structure to the literature selection and screening process.

In the “Incest” section, the statement “Incest is another word for intrafamilial sexual abuse” (paragraph 1) should be reconsidered. While used interchangeably in some texts, incest often implies a legal/moral taboo beyond familial relation. Clarify this nuance.

In the same section, the study by Wunderlich et al. (2020) comparing binge-purge behaviors is introduced, but lacks contextual detail. Describe the study design and limitations more explicitly (e.g., sample size, control group context).

The paragraph starting with “Childhood sexual abuse survivors may also experience drug and alcohol addiction...” would be strengthened by distinguishing between correlation and causation, particularly when discussing trauma and substance use.

In the PTSD subsection, the statement “There may be damage to the right hemisphere in the brain...” needs further citation support and explanation. Neuroscientific claims require precision and clearer linkage to empirical studies.

In the Shame section, the Herman (2007) quote is powerful but quite long. Consider integrating key ideas from the quote into the main text and citing the full quote in a footnote or appendix to improve readability.

Authors revised and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The third paragraph of the introduction states, “Family members are identified as perpetrators in nearly two thirds of child sexual abuse cases...” This would benefit from a clearer distinction between general CSA and IF-CSA statistics, as the two are often conflated in literature.

The final paragraph of the Introduction begins, “The purpose of this paper is to investigate...” which reads more like a thesis statement. Consider reframing this into a clearer objective section and better linking it to the research gap identified.

In the Methodology section, the sentence “There are very limited qualitative studies on the experiences of women...” repeats the idea from earlier in the paragraph. Consider condensing and clarifying this idea to avoid redundancy.

In the paragraph discussing sibling sexual abuse, the sentence “Sibling sexual abuse includes a power differential...” could be expanded by citing theories of power dynamics within sibling hierarchies (e.g., age, size, gender).

In the Risk Factors section, the paragraph starting with “In sibling-incest relationships...” offers multiple citations but lacks synthesis. Consider condensing these into thematic subgroups such as “parenting factors,” “household dynamics,” and “cultural norms.”

In the Long-Term Effects section, the line “They may also be prone to maladaptive behaviors such as: self-harm...” lists several behaviors without citing source(s) directly. Consider attributing these claims more precisely to individual studies.

The Mental Health Disorders section includes the sentence “Survivors of childhood sexual abuse may experience issues with body image.” This is a pivotal idea that deserves more expansion on how body image distortion manifests differently across gender, age, and context.

The Maladaptive Behaviors section, particularly the paragraph beginning “Sexual trauma in children often affects a child’s physical development...,” could be strengthened by more clearly distinguishing correlation from causation in the link between CSA and early menarche.

The sentence “These statements are conflicting...” in the Maladaptive Behaviors section seems unresolved. Consider proposing a theoretical framework (e.g., trauma-informed care or attachment theory) to explain this variability in sexual outcomes.

Authors revised and uploaded the document.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.