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EDUC 608

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Research Paper

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Research Paper

Behavioral Approaches for PTSD from Childhood Sexual Abuse

Choosing this topic for my research paper is significant due to personal childhood trauma as well as an interest in expanding my knowledge to support the wellness of children and adolescents who have been victims of sexual abuse. The purpose of this paper is to examine multiple methods of behavioral approaches and effects of methods for the target groups. Due to the range of K-12th grade students, the two target groups I have chosen are children, and teenagers. Research from several pieces of literature will be used to support this paper.

Effects and symptoms of sexual-abuse related PTSD.

First, what are some of the effects of sexual abuse? Fear, depression (associated with feelings of powerlessness), PTSD and anxiety are several common ways that manifest themselves following sexual abuse (National Institute of Justice, 2019). Sadly, research estimates that 37 to 53 percent of sexually abused children eventually develop PTSD. Other effects can include sexual behavioral problems, aggression, and hyperactivity (National Institute of Justice, 2019). Due to trauma associated with the abuse, children who have been sexualized "emerge from their experiences with inappropriate repertoires of sexual behavior, with confusions and misconceptions about their sexual self-concepts, and with unusual emotional associations to sexual activities (Finkelhor & Browne, 1985).

Females ages 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape, or sexual assault (RAINN, 2019). Additionally, perpetrators of child sexual abuse are oftentimes related to the victim. The National Sexual Assault Hotline's statistics in 2018 shows that 93% of child sexual abuse situations are individuals known to the victim, 59% are acquaintances, 34% are family members, and 7% are strangers (RAINN, 2019). Feelings of betrayal are also associated with effects of sexual abuse. This is when a child discovers that

someone whom they were dependent on caused them harm. There is also second-hand betrayal, when the family member that was not abusing them but has changed attitude towards them after disclosure of the abuse, causes the child to experience betrayal (Finkelhor & Browne, 1985). Victims of childhood sexual assault are also far less likely to report the abuse when it is perpetrated by somebody close to them "for reasons of fear of perpetrator, fear of consequences, embarrassment, shame" (Lalor & McElvaney, p. 24, 2010).

How does PTSD work? Research done on prior victimization describes effects of PTSD as "stimuli associated with a fear-invoking situation (like victimization) come to signal fear in and of themselves and may therefore trigger fear-related responses such as anxiety, numbing, or avoidance" (Boney-Mccoy & Finklehor, 1995). Higher rates of depression and health problems are also associated with PTSD. Women who were sexually abused as children show significantly diminished brain volume on brain scans (Perspectives in Psychiatric Care, 2019). As the child who has been abused grows, their brains continue to have a sustained stress response, affecting long-term immune function.

Behavior strategies for child sexual assault (CSA) PTSD.

In a 2 year study done from 1996 to 1999, researchers followed 100 sexually abused children who were randomly assigned to receive one out of four conditions: standard community care, trauma-focused cognitive behavioral therapy (TF-CBT) provided to the child only, TF-CBT provided to the non-offending parent only, or TF-CBT provided to both the child and parent (Cohen et al., 2004). The study stated the following results:

> This study found that the children who received TF-CBT (either with or without the inclusion of their parent in treatment) experienced significantly greater improvement in PTSD symptoms, whereas children whose parents received TF-CBT (with or without inclusion of the child in treatment) experienced significantly greater improvement in child-reported depression and parent-reported behavioral problems; and that these differences were maintained at a two-year follow-up (Cohen et al., 2004).

In another TF-CBT study for sexually abused children of 8-15 years of age, results found that 49 treated children who received TF-CBT "experienced significantly greater improvement over time in depression and social competence than children who received NST (non-directive supportive therapy) (Cohen et al., 2004).

Evidence states that outcomes for children who have been sexually abused are better when they have parental support. CBT, family, and individual therapy is best for psychological distress, while abuse-specific and supportive therapy is best in group or individual settings (Lalor & McElvaney, p. 21, 2010).

Types of Therapy.

TF-CBT treatments are short-term and generally lasts no more than 16 sessions (GoodTherapy, 2019). This type of therapy is evidence-based and has a skills-based model. "TF-CBT can help people who have experienced trauma learn how to manage difficult emotions in a healthier way." Both the parent and the child are involved in learning about skills that are practiced at home. These sessions are done by a therapist that has a trusting relationship between the child and parent. Some of the core components of TF-CBT include: relaxation, psychoeducation and parenting skills, trauma narrative, cognitive processing of the trauma, and enhancing future safety and development (GoodTherapy, 2019). More about CBT is stated below:

> Further, children and their parents are taught how to label feelings and communicate them to others. To reduce anxiety, CBT teaches children and adolescents to recognize the signs of anxiety and the stimuli that trigger it so that they can gradually replace their maladaptive responses with adaptive ones. Finally, to reduce behavior problems, CBT teaches parents how behavior is triggered, shaped, and possibly maintained by consequences. CBT also teaches parents how to improve their child's behavior, and about the impact that the sexual abuse had so that they are better able to understand their child's behavior (National Institute of Justice, 2019).

Within CBT, there are two methods of therapy that can also be used as an approach for child sexual abuse. The first method is imagery rehearsal therapy (IRT). IRT is used to alleviate nightmares

associated with PTSD. This therapy approach consists of asking children and adolescents to recall their nightmares and rewrite them in a less threatening context (National Institute of Justice, 2019).

The second therapeutic approach is eye movement desensitization and reprocessing (EMDR). The goal of this treatment is "to help individuals who have experienced traumatic stress to reprocess and adaptively store traumatic memories" (National Institute of Justice, 2019). These sessions focus on past experiences that resulted in PTSD while the therapist directs your eye movements (Healthline, 2019). EMDR therapy is typically broken down into eight different phases which takes about 12 sessions.

Childhood sexual trauma can have a profoundly devastating effect for the victim. The trauma can also lead to other concerns such as relationship problems, sexual problems, guilt, shame, self-blame and eating disorders. Group therapy has been identified as "the treatment of choice when working with sexually abused adoloscents" (Sinanan, 2015).

The following states the benefits of group therapy for a sexual abuse victim:

> Groups provide a supportive environment that facilitates the development of trust, hence leading to the ability to connect with others. Distortions in thinking and negative self-images are confronted and are substituted with views of self that are nurturing and self-accepting. The major strength of support group is commonality. Many clients find it easier to share their personal experience with others who have gone through similar abuse; which assists in diminishing the underlying shame that tends to exist with sexual abuse (Sinanan, 2015).

In addition to the family-systems approach, group therapy, CBT, and individualized counseling, one last therapeutic approach is DBT (Dialectical Behavior Therapy). DBT is less of a traditional approach than CBT and uses mindfulness skills to achieve acceptance of a person's emotions and thoughts (Tull, 2019). DBT is useful for improving emotion-management problems. This therapy could be used for a child victim whose emotions were ignored when expressing them, or even punished. A study done at the Central Institute of Mental Health on a group of women who had PTSD from childhood sexual abuse found the following:

> After three months of treatment, the researchers found that DBT-PTSD significantly reduced the women's PTSD symptoms, including depression and anxiety. In addition, the women's PTSD symptoms were still improving six weeks after they completed the treatment, suggesting that they may have learned skills during the study that helped them continue to recover from PTSD after the treatment ended (Tull, 2019).

Some drawbacks with DBT for individuals who suffer from PTSD is that it is still in its earliest stages.

Conclusion

As a school counseling candidate, this topic is critical as many children are sexually abused, and professionals should be competent and familiar with identifying signs. Advocating for the student in the referral process will help them take one step forward in reaching resiliency. All forms of therapy mentioned above, including the family-systems approach, should have strength-based and solution-focused interventions.

Numerous studies report that juvenile prostitutes “identify the sexual abuse they experienced as a child as a major factor in their decision to become involved in prostitution” (Lalor & McElvaney, p. 12, 2010). Most research also suggests that victims of childhood sexual abuse are more vulnerable to variables such as having risky sexual behavior, low self-esteem, and social isolation. School counselors can help mitigate these behaviors and cycles by understanding the variables and impact of sexual abuse, identifying those signs and symptoms, what types of therapy are needed, and intervention strategies needed for resiliency factors.

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