

Post Traumatic Stress Disorder in Children Sexual Abuse

Eglantina Dervishi

Department of Psychology, Albanian University, Albania; Email: egladervishi@gmail.com

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Abstract

The aim of this study is to research deeply on the post-traumatic stress disorder in sexually abused children. Proving the presence of forms of the disorder in children and the their treatment mode will be in the center of the study. The methods used to conduct this study will be a literature review on the focused issue referring to reviews of articles which focus on the defined peer group. For the purpose we have selected only articles focusing on sexually abused children treated for post-traumatic stress disorder. The results of the study reveal that all forms of abuse could bring consequences on children, even more, post-traumatic stress is the language with which the victims communicate their sorrow in the most typical mode. Sexual abuse as one of the major forms of abuse, is among the most severe which cause irreversible consequences over a category of children. In conclusion we can assume that post-traumatic stress in sexually abused children might appear through the most severe forms of psychiatric and psychological symptoms and for the recovery and rehabilitation of the child in many cases the pharmacological treatment seems as the best choice for the child.

Keywords: post-traumatic stress disorder, children, sexual abuse, psychological trauma, treatment.

1. Introduction

Sexual abuse is widely known as one of the most severe forms of traumatic experiences (Foa, Hearst-Ikeda, Perry, 1995). For the nature of trauma it implies, it has a significant influence on the everyday life of the individual affected by this kind of experience. If we would refer to the literature there are many studies that focused their research just to sexual abuse and the consequences it cause. The focus of the current study regards children sexual abuse, centering on the later life consequences to victims. Some authors refer to sexual abuse as one of those traumatic experiences with a capital "T", which lay out all defense mechanisms of the individual by creating a prelude for a deteriorating picture with significant psychiatric symptoms. If we would have to speak of trauma caused by sexual abuse, we must focus on two important aspects:

- physical damage which refers to physical pain and wounds that a child experienced as a consequence of sexual abuse
- psychological damage that relates to the damage of the coping ability skills of a person, capable to face emotionally the lived experience and the consequences derived from the event.

Both these aspects are interrelated with each other and often lay children to the screening of post-traumatic stress disorder (Beers & DeBellis, 2002).

2. Methodology

In realizing the research we centered in a review of articles and studies which relate to sexual abuse. 40 articles were analyzed regarding post-traumatic stress, from which 17 articles focused primarily on sexual abuse, 7 of them were case studies and other articles elaborated on children sexual abuse. The categories of children varies to a peer group between 2-18 years old.

3. Results on the Diagnostication and Treatment of Post-Traumatic Stress Disorder of Sexually Abused Children and Adolescents

It results that not all sexual abuse victims (Utzon, Breinegaard, Bertelsen et al., 2014) react in the same way after a traumatic event. Different children will show the effects of trauma in a different intensity and forms (Breslau et al., 1999).

The reaction way after the trauma will depend on a variety of factors such as:

- The way the child perceived the experience, thus the meaning it gives to the event
- The time when the event occurred and its continuity
- The person caused the event, if he/she is a known or unknown person.

Referring to the studies (Gureje & Obikoya, 1990, Bremner et al., 1997) the number of sexually abused children is greater than the solicited documented in the police and prosecution authorities. This for the fact that a part of them are unreported by victims or their familiars. Usually as a prey to sexual abuse falls children in the peer group of 4-14 years old (Bremner et al., 1997) but without excluding other categories, as there are cases where a victim of sexual abuse were children in the age of 2 years old. Sexual abuse referring to literature sources (Chu, 1997, Beers & Debellis, 2002; Anda, 2002) are carried out mainly by males, there are many rare the cases of females involved in a sexual abuse with children. Abusers could be adult unknown or known people to the victim. Eventhough in a number of studies it is showed that in the position of abusers were often family members (Cohen, Hien, Batchelder, 2008), as father, brother, uncle, grandfather etc.

The element of family members makes the event even more traumatic and difficult to be overcome by a child who has been a victim of sexual abuse. Studies reveal even another interesting fact that connects all victims of abuse which is the tendency not to speak for the event (Breslau Reboussin, Anthony Storr, 2005) and therefore not to look for a possible help. It hardly difficult to speak for the abused child (Cloitre, Koenen, Cohen, Han, 2002) for what is happening to them and to search for help.

The tendency of not telling is either a remorse for many parents who feel guilty (Andrews, Brewin, Philpott, Stewart, 2007) for not reaching to protect their child. The dilemma "why he/she didn't ask me for help" is a real torture for them. But, we have to know that silence is a symptom of trauma and that this happen to every sexually abused children. In the psychological aspect, the sexually abused child feel an emotional toil (Cohen et al., 2004) to face the disgust, horror, fear and the helplessness caused by trauma (Smid, Mooren, van der Mast, Gersons, Kleber, 2009). Such an event swing the mental equilibrium of the individual and even more the self-esteem, self-image, the trust in self and in the people around (Eytan, Guthmiller, Durieux-Paillard, Loutan, Gex- Fabry, 2011).

In the psychological aspect, sexual abuse might cause feeling of guilt and loss of interest for life (Zhang et al., 2013). According to Friedman (2006) many of the unwanted symptoms of trauma are normal and do not last more than a number of weeks. Symptoms regards emotions such as hostility, fear, sadness, feeling of guilt and shame, numbness, shock, cognitive disorientation, difficulty in concentration, somatic symptoms, problems with sleep or appetite, irritation etc (Cohen, Mannarino & Deblinger, 2006). The majority of a traumatic event survivors are self-recovered, their symptoms disappear with time and they do not go through a post-traumatic stress. At the other side, if we speak for a trauma linked to a sexual abuse, we could not say that this is a trauma which would pass itself. Sexual abuse is jointly accepted by researchers and experts of the field, that cause a trauma which lingers deep tracks in a child psychic organization and functionality. Trauma caused by a sexual abuse inevitably leads in the experience of post-traumatic stress in children and adolescents (Cohen, Mannarino & Deblinger, 2006). The later will start functioning after the traumatic event in a new and worrying form either in behavioral, mental and emotional aspect (Deblinger, Behl & Glickman, 2005).

In children and adolescents who are affected by post-traumatic stress it is necessary an evaluation to define whether the child fulfills the DSM-IV criteria (American Psychiatry Association, 1994) to be diagnosed with post-traumatic stress disorder and if this is true, to assess the time duration and severity of that. As our aim is to see into symptoms that are caused by sexual abuse and the show after of the post-traumatic stress disorder we will focus in DSM-IV to screen for the presence of the following symptoms:

As above mentioned, according to DSM-IV, that a child to be diagnosed with post-traumatic stress and that there is a trauma, the child has to:

- 1) experience at least an event that cause or risks death, or a very serious physical damage or that compromises the physical integrity of the person or someone else.
- 2) the diagnostification of a traumatic event requires that the response of the person to the situation is shown with a high intensity fear, powerless and horror. The DSM criteria for the diagnostification of the post-traumatic stress involve the constant repetitions of at least a symptom, the presence of constant avoidant and numbering symptoms, constant psycho-motor agitation with an overall clinical framework persistent in the child for at least 1 month actively.

The sexually abused child experience repetitive symptoms which include the refeel of events or constant nightmares (Putnam, 2003) nightly relating the traumatic event. The overall situation creates a constant unwanted raise of stress rendering the child life into a true horror. Repetition might be shown in the forms of flashbacks, which develop the

feeling of reliving the event again. In the case, flashback is an episode when the child detach from reality and not merely an image or a memory from the event. During the experience of flashbacks, such children are detached from reality. Flashbacks usually last some minutes and during the period the child relives, not only remembers the traumatic event. Flashback might be associated with hallucinations in the type of listening or in the form of seeing (Saunders et al., 2003). Repetitive symptoms could be sensorial experiences which appear in the visuality of the unwanted images of trauma when child close eyes or the evocation of odors, tastes, noises or emotions experienced in the moment of trauma (Saunders et al., 2003). Evocation might appear in the form of nightmares which make waking up in the night with panic attacks. Avoidant symptoms appear in the avoidance of stimulus that are related with the traumatic event. One of the symptoms is the avoidance of location of trauma but either of other places similar with the trauma locality which comes for the generalization that the victim make. Sexually abused individuals might constantly avoid people who remember them the abuser. Moreover, victims might avoid people generally because they fear they would be disappointed by again and are generally sceptical to everybody.

Eventhough, avoidance of people and places with risk is not a symptom for post-traumatic stress alone. Numbing symptoms appear in the form of not involvement emotionally and the lack of showing emotions generally. Victims could not feel love, happiness, do not have the sense of humor and lost the interest in activities they have liked before trauma. In some extreme cases, numbing symptoms make individual feel dead inside. Numbing might be alternated with periods of hostility, sadness or anxiety. Numbing might lead even in the usage of narcotic substances which in the other hand, happens to achieve the numbing state again for not feeling what happened or to beat numbing itself.

Symptoms of agitation appear in different forms. Traumatized children might be over vigilant and controlling constantly for possible dangers. They might be altered easily and to misunderstand normal situations. Agitation may cause insomnia, but this might be even a consequence of repetition symptoms or avoidant ones. Insomnia might be a response to constant awaking from nightmares and the child avoid sleep to avoid nightmares (Taylor, 2006).

Referring to the treatment, we could say that traumas need for an intervention which bring in scene a series of important actors. Cognitive-behavioral therapy is seen as a successful treatment form for traumas. The number of sessions usually varies from 6-12 therapeutic sessions. In children and adolescents with a more severe symptomatology would be necessary a greater number of sessions. Exposure is seen as an important element of trauma treatment, revealing in a technique which is necessary. Referring to trauma treatment, even more, a number of important elements have to be part of a successful treatment. We will begin with the importance of choosing therapist who has to be a highly competent in the field of trauma and has a qualification in working with sexually abused children. Another important element is the support of family and their involvement in the treatment.

To make a fully successful trauma treatment in the cases of sexual abuse it is highly recommended the use of psychoeducation (Fairweather & Garcia, 2007).

Psychoeducation in the sexually abused children and adolescents help for the treatment of a number of important aspects of trauma relating modification of thoughts regarding the perception for their body, sexuality, intimate relationships and sexual abuse. In some cases the effects of trauma are very hard and seek for a therapeutic intervention associated with a pharmacological treatment, eventhough in children the pharmacological intervention should be assessed carefully for their adverse effects (Federal Drug Administration, 2002) which might influence even in the normal development of the child or adolescent. Referring to the pharmacological treatment it results effective treatments through antidepressants (Davidson, 2000) (SSRI, alpha-adrenergic agonists). In children and adolescents which might suffer from PTSD with a more severe symptomatology it results successful pharmacological treatment of Fluoxetine, Setraline, Venlafaxine, Citalopram and Fluvoxamine (Hageman, Andersen & Jorgensen, 2001). SSRI treatment resulted more successful either for the fact that adverse effects are less harmful, eventhough, such treatments have negative side effects which can appear in the form of gastrointestinal troubles, or blood pressure matters, hypothermia etc. Medicinal treatment even seen as a necessary form of trauma treatment in the cases of severe symptomatology should be administer in attachment with Cognitive-Behavioral therapy (Mueser et al., 2008) for a more permanent results in children and adolescents.

4. Conclusions

Sexual abuse remains as one of the most severe forms of trauma. These traumas mark deeply in the individual subconscious either delimited as an adult or child. As a result of such a trauma, children and adolescents may develop a post-traumatic stress disorder, that usually in them is manifested more as disorders of anxiety, behavioral and substance abuse, but does not exclude other forms of psychopathologies. In a way that these traumas might be

overcome there is a need of immediate therapeutic interventions. These interventions can be either psychological therapies or pharmacological combined. Among psychological therapies, cognitive-behavioral therapy were given the most positive results in trauma treatment, but when trauma is associated with severe symptoms there is a usually use combination with pharmacological therapy. The latter is closely watched in order not to cause to the child a detrimental side effects which can negatively affect its bio-psycho-social development. This therapy should be given short-term that the main focus could remain child and adolescent recovery, rehabilitation and personal empowerment through a healthy thinking and behavioral intervention and modification, which is successfully carried out with cognitive-behavioral therapy.

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