Child Sexual Abuse

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Abstract- Child sexual abuse is a particularly menacing type of trauma. It can lead victims to post-traumatic stress disorder (PTSD). Child sexual abuse is prevailing significantly worldwide. Child sexual abuse can be identified under different types and settings. Signs and symptoms of child sexual abuse can be divided into four groups as physical, behavioural, emotional and sexual. PTSD, dissociative disorder, anxiety disorders, drug and alcohol addiction, conduct disorders and high-risk sexual behaviours can be identified as chronic effects of child sexual abuse. Cognitive behavioural therapy, Child-centred therapy, Trauma-focused cognitive behavioural therapy, imagery rehearsal therapy and eye movement desensitisation are effective interventions in treating child sexual abuse.

Index Terms- Child sexual abuse, Trauma, Post-traumatic stress disorder (PTSD)

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I INTRODUCTION

Child sexual abuse is a kind of trauma which shows situation specific responses additionally with the common trauma responses. Child sexual abuse arises significantly worldwide. Prevalence rates are reaching between 8-31% for women and 3-17% for men. Barth, Bermetz, Heim, Trelle, & Tonia, 2013. Another narrative study shows that 8.4-67.7% of women and 3.8-35% of men have been sexually abused in their childhood. Boyce, & Harris, 2011. (The purpose of this essay is to study on child sexual abuse in the context of trauma counselling.

II DEFINITIONS OF CHILD SEXUAL ABUSE

There are some definitions of child sexual abuse. They are varied by the author and organization. It is difficult to identify a common definition of child sexual abuse as it is varying by the variables as the severity of abuse, availability of social support and attributional styles for an adverse life event. Mannon, & Leitschuh, 2002. As well as significant variables as age, the gender of the child, relationship to offender, frequency and duration of abuse can considerably affect when defining the child sexual abuse. Mannon, & Leitschuh, 2002. (World health organisation) 2006 defines child sexual abuse as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society.” According to the American Academy of paediatrics 2006, “any sexual act with a child performed by an adult or an older child” can be identified as child sexual abuse. Child sexual abuse can be identified under different types and settings. 1 (Familial abuse) 2 (extra-familial abuse) 3 (pressured sex) 4 (forced sex) Ford, 2001. (Familial abuse is which is done by a blood relative in a domestic setting. Extra-familial abuse is which is done by persuading or enticing the child. Forced sex abuse is which is done by forcing or threatening the child. Although the types of child sexual abuse differ from each other, definitely it can be a traumatic experience for both the child and the entire family.

III SIGNS AND SYMPTOMS

Signs and symptoms related to the child sexual abuse depend on several factors as, duration of the abuse, the child’s age when the abuse happened, the child relationship to the offender and reaction and responses of the adult caregiver. However, signs and symptoms of child sexual abuse can be categorized into four groups as physical, behavioural, emotional and sexual. Swelling or rashes in the genital areas, chronic stomach ache, urine infections and sexually transmitted diseases can be mentioned as physical symptoms. Anger, anxiety, agitation, depression and suicidal ideation are common among emotional symptoms. Behavioural symptoms of child sexual abuse are bed wetting, disordered eating patterns, masturbation, refusal to go school, unexplained fear for people and places, nightmares, withdrawal, secretiveness and running away from home. Seductive behaviours, abnormal liking or avoidance in sexual ideas, drawing of sexual acts and motivate other children to do sexual acts.
Researches have pointed out some contexts that trauma occurs in greatest level (Sanderson, 2006). 1 (when the child is abused by the person who closely relates to her or him), 2 (when the abuse is recurrent and prolonged), 3 (when the abuse comprise penetration,), 4 (if the abuse happened violently and aggressively), 5 (the nature of the attachment to the non-abusing parents) 6 (pre-experience in sexual activities, and) 7 (influence of the parental attitudes to disclosure.

**IV IMPACT OF CHILD SEXUAL ABUSE**

Effects of child sexual abuse can be considered as three categories as behavioural, interpersonal and psychological. Although they have divided into different categories, effects can occur in all categories. Some effects can be limited for a short period and resolved without any therapeutic intervention. But others continue through adolescence than into later life (Parry, & Simpson, 2016). (Research reveals that older children who sexually abused can to be more traumatized than younger children) Parry, & Simpson, 2016. (That is because of matured cognitive development and awareness of cultural attitudes.

PTSD, dissociative disorder, anxiety disorders, drug and alcohol addiction, conduct disorders and high-risk sexual behaviours can be identified as chronic effects of child sexual abuse. As research proved sexually abused, children have severe PTSD than the children who experienced other forms of trauma (Olafson, 2011. (The burden of sexual abuse leads them to stress-sensitivity) Kendler, Kuhn, & Prescott, 2004,(multiple mental and somatic disorders and health problems later in their life) Fergusson, Mcleod, & Horwood, 2013 (and suicide) Colangelo, & Keeffe-Cooperman, 2012.

Moreover, many studies argued that major issue to the number of complications is the loss of trust in the security of significant relationships) Parry, & Simpson, 2016. (The sexually abused child often fails to keep in trust and sense of safety with others. Therefore, maintaining relationships with others makes more difficulties for them. The difficulty of continuing safe relationship in adulthood makes a significant challenge when they occupy in psychotherapy. As well as child sexual abuse survivor can experience complications with their emotions, especially in anger and other predominant emotions. This situation also can be impacted by the therapeutic alliance between the therapist and client. Therefore, creating an effective therapeutic alliance is the most significant aspect of the therapy for the adult survivor in child sexual abuse.

Adult survivors of childhood sexual abuse possibly will experience many problems in interpersonal relationships and intimacy (Barber, 2012). (Adult survivors might aspire disloyalty from others and therefore meet complications with making trusting attachments, as an effect of the abuse experience. It is assumed that being subject to childhood sexual abuse, can make strong ambivalence in survivors when being close to others — at the same time desiring intimacy is also mistrusting and frightening the possibility of being guided for their interests) Abdulrehman, & De Luca, 2001. (This can be made the communication problems in survivors too.

**V INTERVENTION AND TREATMENT**

There are some therapeutic approaches which can be used to treat the impacts of child sexual abuse. They are cognitive behavioural therapy, child-centred therapy, Trauma-Focused Cognitive Behavioural Therapy, imagery rehearsal therapy and eye movement desensitisation. Cognitive behavioural therapy is considered to address emotional distress, sufferings, anxiety, and behavioural issues. Cognitive Behavioural Therapy assists clients in dealing effectively with their stressful emotions.

Moreover, children and their parents are educated to label their feelings and talk them to others. Also, CBT shows children and parents how to identify the symptoms of anxiety and the stimuli which generate anxiety. Then they can progressively replace their anxious responses with positive ones. Lastly, CBT demonstrates to parents how behaviour is caused, formed and maintained by consequences. Also, CBT teaches parents about the impact of sexual abuse and how to improve the child’s behaviour.

The primary stage of therapy with an adult survivor in child sexual abuse should focus on creating trust between the therapist and the client with the aim of preparing the client for the therapeutic process. Throughout this stage, the client is encouraged to tell his/her story that helps the therapist to decide the helpful therapeutic techniques he needed. For some survivors, it’s hard to disclose their story. At this stage, specific tools needed to help the survivor to recall their childhood back together by focusing on specific incidents and happenings to create their stories. At the later stages of therapy, it is needed to reprocess the trauma. Processing the trauma of child sexual abuse consist of 1) (recognising the circumstance of sexual abuse and its impacts) 2) (releasing the repressed feelings of the trauma) 3) (discovering the thoughts and feelings headed for the abuser, and significant

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others in the client’s life). 4 (Constructing cognitive reassessment of the abuse. Furthermore, an individual’s sense of self is permanently transformed through child sexual abuse. Through cognitive restructuring sense of self can be uplifted from low self-esteem to high self-esteem.

Imagery rehearsal therapy is another type of cognitive behavioural treatment can be effectively used for child sexual abuse. The many sexually abused children experience deep-rooted nightmares that comprise recalling their painful experience. Imagery rehearsal therapy is used to support them to relieve the traumatised nightmares. 3(2014. According to this therapy, clients are asked to recall their nightmares and write them down in a less threatening content, with a view to alleviating their posttraumatic symptoms.

Eye movement desensitisation and reprocessing)EDMR (is a new treatment approach which can be used for severely traumatised individuals) Edmond, Rubin, & Wambach, 1999. EDMR be made up as eight-phase treatment approach. The eight phases include 1 (keeping a detailed history of client and by using it making a comprehensive treatment plan); 2 (client provide for power and undertake accountability for their future. distinguishes their self and existence). Existential therapy is beneficial to the clients to understanding their choices to reclaim abuse survivors to regain their identities in a way as they expected. The existential therapist needs to understand how each of child sexual abuse. As they recommended, EDMR should be used a combination with other therapeutic methods and techniques for its’ efficacy.

Comparing with the other forms of childhood trauma, child sexual abuse is the area that the most extensive research has been conducted. Some studies have suggested Trauma-Focused Cognitive Behavioural Therapy as a pioneering intervention for child sexual abuse) Olafson, 2011. (Trauma-Focused Cognitive Behavioural Therapy concluded some components as psycho-education for child and parents regarding child sexual abuse, stress management strategies, affect expression and modulation and graded exposure directed of a trauma narrative by the child via drawing, language using and poetry. Olafson, 2011. (Both parent’s and child’s irrational and obstructive trauma-related cognitions are subtly confronted questioning and using other techniques. Finally, the session ended up with a sharing of the trauma narrative and safety planning.

As many types of research revealed, a search for meaning is described by all child sexual abuse survivors) Hartley, Johnco, Hofmeyr, & Berry, 2016. (Sexually abused people always question ‘why me?’ Existential therapy provides a space for child abuse survivors to regain their identities in a way as they expected. The existential therapist needs to understand how each distinguishes their self and existence. Existential therapy is beneficial to the clients to understanding their choices to reclaim power and undertake accountability for their future.

In conclusion, the essay reviews the child sexual abuse literature as it relates to definitions, types of sexual abuse, symptoms, impact and treatment and intervention. Since the late 20th century, prevention, disclosure, intervention and treatment of child sexual abuse have developed remarkably. But as the area is still new, much more studies need to be done on prevention. Because according to the many types of research the majority of children do not reveal or disclose behind a time.

REFERENCES


Barber, Alison. 2012. (Working with Adult Survivors of Childhood Sexual Abuse. Mental Health Professional and Survivor Perspectives / Alison Barber.


Kendler, K., Kuhn, J., & Prescott, C) .2004 .(Childhood sexual abuse, stressful life events and risk for major depression in women . Psychological Medicine, 34)(, 1475-1482.


Reece, R., Sargent, J., Hanson, R., Mondale, R., Amstadter, W., & Amstadter, Ananda B) .2014 .(Treatment of child abuse : Common ground for mental health, medical, and legal practitioners) 2nd ed.(
