

Post-Traumatic Stress Disorder Among Sexually Abused Children: The Role Of Traumagenic Dynamics Model

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Abstract

Sexual abuse is one of the most serious cases occurring in this present day, and the statistical trend generally classifies the children to be more vulnerable compared to other groups in the population, where the female children show the highest prevalence among others (Pérez-Fuentez et al., 2013; Stoltenborgh, van Ijzendoorn, Euser, & Bakernas-Kranenburg, 2011). The children who have been exposed to sexual abuse may increase their risk of developing psychological problems, such as: depression, eating problem, anxiety, psychosis, substance abuse, thoughts of suicide, etc (Makhija, 2014). Furthermore, some research findings mention that post-traumatic stress disorder (PTSD) is the most common mental health problem that occurs after sexual abuse and the symptoms arisen may have different effect for the children as the victims (Martinson et al., 2013). In order to comprehend this issue, Finkelhor and Browne (1988) has formulated a model called traumagenic dynamics model which comprehensively illustrates the trauma caused by childhood sexual abuse and describes it as long-term effects during the life span. As a way to investigate the trauma caused by sexual abuse, the model has conceptualized the four factors which are labelled as traumagenic dynamics, these include: traumatic sexualization, betrayal, powerlessness, and stigmatization or self-blame (Finkelhor & Browne, 1988).

Keywords: *sexual abuse, children, traumagenic dynamics model*

A. Introduction

Sexual abuse is one of the most serious cases occurring in this present day, and the statistical trend generally classifies the children to be more vulnerable compared to other groups in the population, where the female children show the highest prevalence among others (Pérez-Fuentez et al., 2013; Stoltenborgh, van Ijzendoorn, Euser, & Bakernas-Kranenburg, 2011). Besides gender, there are several factors that might increase the prevalence of sexual abuse among children; one of them is culture (Makhija, 2014). For example, in Asian countries -which adhere to collectivist belief- the needs of group are more important compared to Western countries which adopt individualist principle. Thus, the family members tend to ignore the sexual abuse disclosure in order to keep the family

from shame of reporting the abuse case (Malloy, Brubacher, & Lamb, 2011; Kemshall, Kelly, & Wilkinson, 2012). Furthermore, since sex and virginity are taboo topics to be discussed in front of public, the children are more likely to keep their sexual abuse experience instead of sharing their experience with other people (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). These phenomena become the serious issues that contribute to the higher prevalence of sexual abuse among children. Furthermore, the dysfunctional family dynamic also plays an important role in increasing the number of children sexually abused (MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013). This family is characterized by a lack of social support within the members, thus it may put the children into the risk situation of re-victimization (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010; Kemshall et al., 2012).

Official statistics published by The National Society for the Prevention of Cruelty to Children (NSPCC) on 2013 stated that 1 in 20 children in the United Kingdom have been sexually abused, where 1 in 3 children kept it a secret. In addition, surprisingly, 65.9% of contact abuse experienced by children and teenager (ages ranged from 0-17 years) was perpetrated by other children and young people with the age under 18 years old (Radford et al., 2013). The majority of perpetrators were male, either family members or other people who knew the children. WHO defined sexual abuse as any sexual act using coercion committed by any person regardless of their relationship with the victim (Rahm, Renck, & Ringsberg, 2013). Basically, it is grouped into two classic forms, called contact abuse and non-contact abuse. Contact abuse can be further break down into penetrative sexual abuse (oral, anal, and vaginal penetration) and non-penetrative sexual abuse (masturbation, kissing, and touching), in which the victims have a sexual contact with the perpetrators. In contrast, non-contact abuse links to voyeurism and exhibitionism, where the victims do not have any sexual contact with the perpetrators.

Interestingly, not all children who suffered from sexual abuse experience psychological problems, this is because sexual abuse among children is a non-specific risk factor which sometimes appears when it is triggered by a particular situation (Mann, Hanson, & Thomton, 2010), but it is important to be aware of the sleeper effects that might develop in later phases in life. A wide literature has shown that sexual abuse experienced during childhood seems to enlarge the potentiality to a range of physical and psychological

deficiencies (Pérez-Fuentez et al., 2013), and consequently these have to be treated at an early stage in order to avoid the pathology both in short-range and long-range period. However, there isn't a certain cluster to identify the symptoms related to sexual abuse, instead of the accumulation process from either short-term or long-term effects (Rahm et al., 2013). This is because stress as a common short-term problem occurred after the negative experience might contribute to the long-term problem during the following developmental stage, which will change the physical, cognitive, affective, behavioral, and social aspects among the victims (Stoltenborgh et al., 2011). The short-term outcomes of sexual abuse are related with feeling of fear, lack of self-esteem, developing the self-destructive behavior, anger, and anxiety, whereas the long-term outcomes are associated with suicidal behavior, sexual dysfunction, personality disorder, eating disorder, and trauma-related stress behavior (Makhija, 2014).

Therefore, this particular paper aims to discuss the post-traumatic stress disorder (PTSD) as the most frequent psychological problem caused by sexual abuse as well as describe the traumagenic dynamics model in understanding the trauma process of sexual abuse as the method to investigate the most appropriate trauma-related intervention.

B. Post-Traumatic Stress Disorder

As mentioned above, the children who have been exposed to sexual abuse may increase their risk of developing psychological problems, such as: depression, eating problem, anxiety, psychosis, substance abuse, thoughts of suicide, etc (Makhija, 2014). Unfortunately, these pathologies will continue to develop throughout the adulthood period and become the key element directing to the psychiatric disorder (Martinson, Sigmon, Craner, Rothstein, & McGillicuddy, 2013). The statistical results revealed that people who are subjected to sexual abuse when they were a child are 2.4 times more likely to establish the psychopathology during their adulthood compared to those people who have not experienced this kind of sexual violence (Rosner, König, Neuner, Schmidt, & Steil, 2014). This outcome indicates that sexual abuse –which is categorized as destructive childhood experience– not only develops the short-term effects, but it essentially contributes to the long-term mental illness during the whole life span.

Furthermore, in accordance with this statistical tendency, some research findings mention that post-traumatic stress disorder (PTSD) is the most common mental health

problem that occurs after sexual abuse and the symptoms arisen may have different effect for the children as the victims, which depend on number of perpetrators, frequency and length of the abuse, and age of the children (Martinson et al., 2013). To support this findings, Keeshin, Strawn, Out, Granger, and Putnam (2014) also stated that trauma-related abuse occurred among one-third children with 3-month period of experiencing the sexual exploitation and it indicates more traumatic if the abuse is acted by the person whom the children expect to protect them towards the violence, for example parents or family members.

PTSD occurs because the children do not understand the sexual behavior performed by the perpetrators and the abusive situation happened more than once in which the children are exposed to the repeated experiences, particularly in the situation where they do not want to be involved in but force to fulfill the sexual need of the abuser (Resick, Suvak, & Wells, 2014; Martinson et al., 2013). Generally, the DSM-V mentions some eligible criteria for PTSD diagnosis, these contain of: (1) feelings of fear, powerlessness, or awfulness as the effect of experiencing a traumatic incident; (2) avoiding the stimuli related to the traumatic incident; (3) expressing other symptoms when the arousal increases, such as: sleep difficulty or concentration irritability, and (4) feeling of re-experiencing towards the traumatic incident, such as: nightmares or repetitive thoughts (American Psychiatric Association, 2013). Exploring further from these characteristics, PTSD symptoms among the children who are sexually abused might appear in various ways, it could be identified through feelings of fear and worry, having nightmares, showing withdrawal behavior from friends and families, or even trying to hurt themselves –often happens if the abuse is experienced by the older children (Cohen, Mannarino, & Iyengar, 2011; Shapiro, Kaplow, Amaya-Jackson, & Dodge, 2012). Besides, re-experiencing feeling might also exist and it is shown by the repetitive drawings about the traumatic event (Shapiro et al., 2012).

Besides, PTSD symptoms arising from the childhood sexual abuse experiences might be explored from the neurobiological changes as well (Heim, Shugart, Craighead, & Nemeroff, 2010). In general, the stress responds among human are regulated by two equivalent systems, called the Hypothalamic Pituitary Adrenal (HPA) axis and the sympathetic nervous system (Abraham, Conner, Jones, & O'Conner, 2008). The HPA axis involves the secretion of cortisol which is widely used as the measurement for the entire

HPA axis activities. Within the HPA axis, there is a hormone named Corticotrophin Releasing Hormone (CRH); its' secretion is influenced by the response to stress, either acute or chronic stress. The concentration of CRH is associated with cortisol concentration, where it increases during the awakening and peak during early morning hours.

Stoppelbein, Greening, and Fite (2012) said that PTSD patients experience the cortisol increase during 20-30 minutes after awakening at the morning and this correlates with the trauma they experienced. The study proposed by Keeshin et al. (2014) revealed that sexually abused adolescents with PTSD symptoms showed higher cortisol level at 30 minutes after awakening at the morning compared to sexually abused adolescents without PTSD symptoms (as shown in graph below). This means that PTSD symptoms perceived by the adolescents with sexual abuse experiences have altered the function of HPA axis through the change of cortisol concentration.

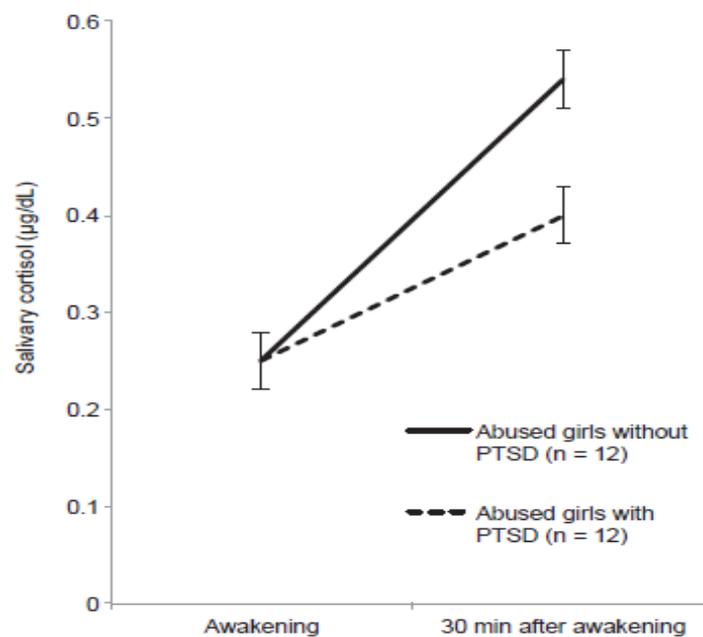


Figure 1. Comparison of cortisol level of sexually abused adolescents with and without PTSD symptoms

Source: Keeshin, et al. (2014), page 111.

Since the children find it difficult to tell other people what actually happened to them, the PTSD might appear to be a serious issue related to childhood sexual abuse

experience, especially when the perpetrators ask them to keep it as a secret by transmitting the bias information towards sexual abuse they perceived. Yet, it is not easy to identify the trauma experienced by the children who have been sexually abused, there are two basic signs that make the caregivers or child care practitioners easier to identify the trauma symptoms experienced by those children, involving: loss of the previous developmental tasks attained as well as a failure to learn the next developmental tasks (Fergusson, McLeod, Clifford, Ormrod, & Turner, 2013). Bedwetting is one example of trauma-related symptoms shown by the children who have been abused sexually (Coren, Thomaes, Hutchfield, & Iredale, 2013). This usually occurs because they have nightmares towards the traumatic event. Bedwetting also becomes a result of feeling helplessness as they feel a loss of power to protect their body against the abusers who have more power than they are (Berber Çelik & Odacı, 2012). Besides, this behavior also shows the regression mechanism performed by the children to a younger state in order to fulfill they need to be protected by adult people and this might reflected in their failure to accomplish the previous developmental task taught (Fergusson et al., 2013).

Furthermore, the history of sexual trauma may also cause the children to have difficulty in developing an intimate relationship upon the next developmental task, especially when they initiate early adulthood period (Godbout, Briere, Sabourin, & Lussier, 2014). As described in some developmental psychology theories, intimacy is one of the fundamental human needs and it should be fulfilled in order to provide the emotional closeness and sense of belongingness. However, due to the sexual trauma, the victims of sexual abuse tend to associate intimacy with fear or shame rather than warmth and love (Makhija, 2014). In addition, intimacy might also be non-existent because the victims have lost their attachment with the parents, this mostly occurs after the disclosure but the parents are unable to protect them (Godbout et al., 2014). The research investigation showed that the adults who experienced the childhood sexual abuse had a greater problem with intimacy relationship; this is displayed by the inappropriate sexual behavior, poor tolerance with emotional closeness, difficulty in achieving romantic intimacy, and having the lack or over control towards their relationship (Martinson et al., 2013).

Traumagenic Dynamics Model

Extending from the explanation described above where the children who experience the sexual abuse maintain long-term trauma-related symptoms until adulthood, there are several existing models that clearly clarify the association between sexually abused children and trauma, namely post-traumatic stress disorder model; traumatic stress injury model; psychodynamic, information processing, psychosocial, and developmental model; behavioral and cognitive model; neurobiological model, and complex trauma model (Makhija, 2014). However, those models only describe the trauma as the symptoms occurred after the abusive behavior instead of long-term effects during life period.

In order to cover this limitation, Finkelhor and Browne (1988) has formulated a model called traumagenic dynamics model which comprehensively illustrates the trauma caused by childhood sexual abuse and describes it as long-term effects during the life span. This model also explains the trauma as the process-oriented approach where it is resulted from the sexual abuse experiences which modifies the children cognitive and emotional perception by altering their self-concept and affective orientation. Additionally, the traumagenic dynamics model embodies the multidimensional impact of childhood sexual abuse, it not only discovers the traumatic level but also deals with various ways to solve the trauma that has arises (Cantón-Cortés, Cortés, & Cantón, 2012). As a way to investigate the trauma caused by sexual abuse, the model has conceptualized the four factors which are labelled as traumagenic dynamics, these include: traumatic sexualization, betrayal, powerlessness, and stigmatization or self-blame (Finkelhor & Browne, 1988).

Traumatic sexualization refers to the dysfunctional feelings and attitudes expressed by the children towards sexual behavior, for example showing the misperception regarding sexual self-concept and developing the uncommon emotional feelings related to sexual activities. This dynamic also includes the rewards offered by the abusers for the inappropriate sexual behavior, thus the children will implement this sexual behavior as the method to manipulate others in gaining their satisfaction. The experiences in which the children are forced to involve in the sexual abuse situation are related to the higher level of traumatic sexualization (Makhija, 2014).

Betrayal is the second dynamic in which the children realize that the people whom they rely on or love have caused them harm. The persons are not only the abuser, but also the non-abuser –such as mother or family member– where they do not believe the children

and unable to protect them against the sexual abuse, especially after the disclosure happened. The children who are not believed or blamed by those people will experience greater sense of betrayal compared to the children who are encouraged (Jones et al., 2013). Some research findings demonstrate that the higher level of betrayal will increase the vulnerability of experiencing future abuse (Cuevas et al., 2010).

The next dynamic is referred to powerlessness, where the children show the tendency of losing the control towards their environment. They feel they are trapped in the abusive situation but do not have the ability to change the situation, this condition will lead them to have less sense of self-efficacy as well as self-concept. Besides, powerlessness is also related with feeling of anxiety and depression, these suffered when other adults are not able to provide them the protection in regards with the abusive situation. At the severe level, this dynamic will lead the children to learn about the helplessness model if their attempts to stop the sexual abuse are unsuccessful (Berber Çelik & Odacı, 2012).

The last dynamic is stigmatization or self-blame, this refers to the negative concepts transferred by the abusers during the sexual abuse –for example by saying “you are bad” or “bitch”– which make the children feel shameful or guilty. Furthermore, the abusers might also say that if the children disclose to the adults about the abusive experiences, they will gain the negative feedbacks from them since talking about sexual is taboo, thus the children will keep their experiences, secret. The degree of stigmatization will vary according to developmental age of the children; this means that those children who still have less awareness about social attitudes will express less of stigmatization compared the older children (Gupta et al., 2011). This dynamic impacts on several psychological distress in the following developmental stage, such as sexual disorder and aggressive dating (Makhija, 2014).

The four dynamics explained above have proved that the traumagenic dynamics model is a complete approach to identify the PTSD symptoms experienced by the children who have been sexually abused. This model also emphasizes the complex evaluation of sexual abuse experience that might contribute to the children development later on by describing the different behavioral outcome in each dynamic. Moreover, the dynamics elaborated within this model also clearly describe the reason why every child exposes different trauma-related symptoms and this explanation will be very useful in order to

develop a suitable intervention for reducing the trauma occurred after the sexual abuse. The intervention applied might be a technique which considers the cognitive and emotional parts that have been distorted by the sexual perpetrators (Cantón-Cortés et al., 2012). This is important because cognitive and emotional distortions will contribute to the long-term effects, especially for longstanding psychopathology during adulthood.

Furthermore, since this model represents the trauma as the process-oriented approach, the intervention used should incorporate other potential factors that might contribute to the abusive condition –either pre-abuse or post-abuse– such as family dynamics and children personality (Makhija, 2014). For example, prior to the abuse children might have a good attachment and relationship with their parents, however after the abuse happened –especially when the children express the disclosure about the sexual abuse they had– the parents might show a distrust to the children and blame them towards the sexual abuse experience. The intervention using the traumagenic dynamics model has to consider these conditions as the ongoing process rather than the abusive situation itself. One study proposed by Cantón-Cortés et al. (2012) stated that the traumagenic dynamics-based intervention has effectively decreased the traumatic symptoms among children with sexual abuse, this is due to the involvement of four dynamics within the intervention process as the way to investigate the causal effect of the sexual abuse trauma.

C. Conclusion

Children have a higher prevalence of sexual abuse rather than other groups within the population; this occurs because of various factors, including: female sex, lack of social support network, poverty, physical and mental illness children, and dysfunctional family dynamic. Based on clinical assessment, the children who suffered from sexual abuse commonly show the psychological and emotional distress and many studies have proved that most of them are eligible to be classified as having PTSD or trauma-related symptoms. One reason to support this finding is because the children are exposed to the sexual behavior that may not be suitable for their age and they do not understand why they are put in such abusive situation.

The children manifest the trauma in several ways and the level of trauma will be dissimilar according to the severity of abuse they experienced. There is one existing model that comprehensively explains the trauma process among the children who sexually

abused, named the traumagenic dynamics model proposed by Finkelhor and Browne (1985). This model embodies four dynamics which are really important to be implemented in order to investigate the degree to which the children perceive the trauma regarding sexual abuse, including traumatic sexualization, betrayal, powerlessness, and self-blame or stigmatization. Furthermore, the traumagenic dynamics model is also very useful to be used as the method in establishing the intervention for sexual abuse children because it considers the trauma as the process-oriented approach which is influenced by many factors rather than sexual abuse factor itself.

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