

Child Sexual Abuse: Can They Ever Overcome It

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ABSTRACT

The present case includes the study of a 5 year old girl who was raped by a stranger for three hours. The study was carried out in Artemis Hospital. Through observation during initial sessions, it was gauged that the child could not express her grief verbally. Thus, the Art and Play Therapy was used, through which her exact mental state and what she had gone through was efficiently understood; helping to take appropriate measures for dealing with post-trauma of the victim.

Keywords: *Child Sexual Abuse, Overcome*

This study belongs to the field of Trauma and Child & Developmental Psychology. It is about my 5-year old client who was abducted and raped for a period of 3 hours by a man who threw her on the roadside once he was done, presuming her to be dead. Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration perpetrated against a person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has a intellectual disability or below the legal age of consent. ("Sexual violence chapter 6", World Health Organization. 2002. Retrieved 5 December 2015). There is abundant literature available on rape of adults (*A Review of Literature on Rape and Sexual Assault, Dr. Nina Burrowes, 2011*) however very limited information is available on impact of rape on minors. Just as adults, minors too experience tremendous psychological and physical (post rape) effects. According to a study published in the American Journal of Psychiatry (*November 1985, Vol. 142, No. 11, pp. 1338 – 1340*), the long-term effects of rape showed that victims were significantly more depressed, generally anxious, and fearful than control subjects. An effective tool that is used widely for children who have undergone any sort of trauma is the use of art and play therapy (*Hill, A. (2006), Child and Family Social Work, 11, 316–324.*) Needless to say, a more comprehensive therapy such as CBT or Psychoanalysis are not the most effective approaches for such a case, since the child's mind has not yet

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Received: March 30, 2017; Revision Received: May 22, 2017; Accepted: June 10, 2017

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developed the capacity to integrate, comprehend, accumulate, assimilate and draw conclusions. During, my therapy with my client Neelam, I also, used Art and Play Therapy and saw a very successful recovery.

Patient

This section presents a brief patient assessment, including a case history of the client considered in the study.

Neelam is a five year old girl belonging to the lower socio-economic strata. She was born and brought up in a small slum in Gurgaon, Haryana; a city in the northern part of India. She is the third of four siblings and is currently studying in kindergarten. While her mother is a house-wife, her father is a vegetable vendor working tirelessly in order to meet their daily needs. He is the sole breadwinner of the family. Even though they live in difficult conditions, Neelam's family is very close knitted, where in, each member supports the other. Socially, too Neelam was a very friendly girl, who got along with mostly everyone in her slum.

Neelam, was four and a half years old when she was abducted and raped for a period of 3 hours by a man who threw her on the roadside, after the sexual assault. In an interview with the assaulter it was identified that Neelam was thrown on the road presuming to be dead. After lying unconscious on the road for one hour, she was identified by the localities crossing the area and was then taken to the nearest hospital. The girl, though, withstanding the assault, sustained horrific injuries, but lived to tell the tale. After being in the ICU for a week, it was observed that the memory of the child was still intact as she recounted the events of the day of assault with complete clarity. She told her parents and the police officials in detail, the gory events of that day. She could remember the rapist's appearance, the feeling of hurt and the place he took her so vividly, she even assured people around her that she knew where that place was and could take her parents there if they wanted.

During the interview, Neelam claimed that she was hit, ~~bit~~ and bruised by him. The medical reports of the hospital where Neelam was taken to, after the incident, revealed that she was brought in a condition where her intestines were pouring out. Hence, multiple surgeries had to be conducted.

Although, a few major surgeries and the sterile hospital environment along with the support of her parents sped up her process of recovery. But she had difficulty in forgetting what happened to her and was unable to get over it.

Conceptualization and Diagnosis

The pain-physical and emotional, still caused her discomfort, and she seemed very uncomfortable in front of strangers. Neelam presented symptoms such as withdrawal, low mood state, fear of darkness and insecurity.

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Therapeutic interventions have been churned and perfected over the years in accordance with the nature of the disorder, the individual in particular and the convergence of the two, for example Cognitive Behavioral Therapy for anxiety disorders, Art Therapy can be used with people having learning difficulties, Psychoanalysis for psychological problems rooted in the unconscious mind and Psychosynthesis (Humanistic Intervention) promotes healing from early childhood abuse and trauma. Despite the merits of most of these approaches, not all of them are suited for a particular issue and person.

Cognitive Behavioral Therapy requires a certain level of learning and intelligence due to its highly structured nature it may not be suitable for people with complex mental health or learning difficulties and even with children, as children do not possess that required level of processing information. CBT has been found to be an effective treatment for anxious older children but has not been empirically validated in younger children than 8 years of age (Klaus Minde; Jason Roy; Rhona Bezonsky; Alireza Hashemi).

Psychoanalysis is also called "talking therapy." It involves sessions during which the patient is encouraged to talk freely about personal experiences, including ones own feelings, fantasies, dreams, parents, siblings and so on. With children, play is the method of expression until they get older and can talk more freely (Paul C. Holinger, 2009).

Another behavioural intervention, Dialectical Behaviour Therapy (DBT) focuses on teaching clients the four set of key skills required for daily life functioning: emotion regulation, interpersonal effectiveness, mindfulness skills and distress tolerance.

A therapy called Prolonged Exposure Therapy, also known as flooding is a way of desensitizing an individual to the trauma of rape through repeated exposures to memories of the traumatic event. In this therapy, survivors are asked to recount their rape repeatedly as well as confront situations in real life that remind them of the traumatic event. They are also made to listen to tape recorded sessions telling of the rape in order to increase the exposure. This therapy has been found to treat PTSD as well as feelings of depression and guilt associated with the event.

In the following section, an exploration of the issue of Statutory Rape along with the characteristics of the client in question will be highlighted so as to stress upon the kind of intervention that was used, along with its effectiveness.

In this case, our client was found disturbed and there was no willingness to interact with people other than her family members. She was showing signs of fear and anxiety while interacting with a new person and even when being taken to a new place. Hence, we tried to get her back to her normal self through therapy.

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According to a study published in the *American Journal of Psychiatry* (November 1985, Vol. 142, No. 11, pp. 1338 –1340), the long-term effects of rape showed that victims were significantly more depressed, generally anxious, and fearful than control subjects.

Any kind of therapy is done to minimize the long term effects of the mental and physical damage that has been done to an individual. Therefore, in order to do the same, Neelam was exposed to Art and Play therapy.

In another longitudinal study (“*Effects of a Rape Experience: A Longitudinal Study*” *Journal of Social Issues*, vol.37, issue 4, pp.105-122) where the women were interviewed and evaluated 1 month, 6 months and 1 year post rape, findings suggested that victims were significantly more anxious, fearful, suspicious, and confused than non victims for at least a year after their assaults. However, there was significant improvement on those as well as other measures of personality and mood state over time, particularly between 1 and 6 months.

Although detailed, these studies, and most others bring out the effect of rape on adult women. Literature on the effect of rape on a minor is scarce. There have been many studies depicting the consequences of childhood rape later in life but no material exists on the coping of a 5 year old girl. A study done by Isley, Isley, Freiburger, & McMackin (2008); Roberts, O'Connor, Dunn, Golding, & ALSPAC Study Team in (2004) showed evidence of greater difficulties in interpersonal and particularly intimate relationships among adults who were sexually abused in childhood. Another study, women who were sexually abused in their childhood were five times more likely to be diagnosed with PTSD as compared to the non-victims (Coid et al., 2003). Also, survivors of childhood sexual abuse have been shown to be at a greater risk of alcoholism (Galaif, Stein, Newcomb, & Bernstein, 2001) and eating disorders (Wonderlich et al., 2001) later in life. Assumptions about the plausible effects can be made easily, but the immediate impact is equally important as is the knowledge about the condition of the individual 15-20 years later.

For instance, literature review showed that in a study by Beitchman and Zucker (1992) on Child Sexual Abuse and Neglect showed that Adult women with a history of childhood sexual abuse show greater evidence of sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood, depression, and are more likely than nonabused women to be revictimized. Also, male victims of child sexual abuse show disturbed adult sexual functioning, and the relation between age of onset of abuse and outcome is still equivocal.

A pertinent question in such cases is how should one go about unlocking the mind of a minor? Child and Developmental Psychology have long since demonstrated the underdeveloped nature of a child's mind as well as the absence of higher cognitive function and ability to express or even understand situations of a disturbing nature.

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An effective tool that is used widely for children who have undergone any sort of trauma is the use of art and play therapy (Hill, A. (2006), *Child and Family Social Work*, 11, 316–324.), (Marvasti, J. A. & Florentine, M. (2004). *Creative arts therapy, psychodrama, and occupational therapy with children of trauma*, Marvasti (Ed.), *Psychiatric treatment of victims and survivors of sexual trauma: A neurobio-psychological approach* (pp.133-154.)) Art and play therapy is beneficial and effective as it allows the expression of pent-up emotions and help the victim gain insights into emotional conflicts. It not only stimulates verbal and non-verbal expression of the trauma, but also builds a therapeutic bond between the child and the therapist. This increases the child's developmental level to one that is age-appropriate. Needless to say, a more comprehensive therapy such as CBT or Psychoanalysis are not the most effective approaches for such a case, since the child's mind has not yet developed the capacity to integrate, comprehend, accumulate, assimilate and draw conclusions. At the same time however, their lack of understanding does not imply an absence of receptivity. Children respond and absorb information and experiences like sponges. Their inability to articulate poses a greater challenge to unravel the workings of their mind and determine the intensity of impact an incidence such as this might have on them.

It becomes even more essential, then, to understand and elaborate upon Play Therapy. Play therapy is a form of counseling or psychotherapy that uses play to communicate with and help people, especially children, to prevent or resolve psychosocial challenges. This is thought to help them towards better social integration, growth and development.

Play therapy can also be used as a tool of diagnosis. A play therapist observes a client playing with toys (play-houses, pets, dolls, etc.) to determine the cause of the disturbed behavior. The objects and patterns of play, as well as the willingness to interact with the therapist, can be used to understand the underlying rationale for behavior both inside and outside the session.

Play therapy is generally employed with children aged 3 to 11 and provides a way for them to express their experiences and feelings through a natural, self-guided, self-healing process. As children's experiences and knowledge are often communicated through play, it becomes an important vehicle for them to know and accept themselves and others. The concrete objects (toys, art, etc.) and other play-based experiences provided in play therapy afford children an age-appropriate and emotionally safe means to express their difficult experiences.

A safe, confidential and caring environment is created which allows the child to play with as few limits as possible but as many as necessary (for physical and emotional safety). This allows healing to occur on many levels following our natural inner trend towards health. Play and creativity operate on impulses from outside our awareness - the unconscious.

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In play therapy, then, play is viewed as the vehicle for communication between the child and the therapist on the assumption that children will use play materials to directly or symbolically act out feelings, thoughts, and experiences that they are not able to meaningfully express through words (Axline, 1947; Kottman, 2001; Landreth, 2002; O'Connor, 2001; Schaefer, 2001).

According to Piaget (1962) most children below the age of 11 lack a fully developed capacity for abstract thought, which is a prerequisite to meaningful verbal expression and understanding of complex issues, motives, and feelings. Thus, unlike adults who communicate naturally through words, children more naturally express themselves through the concrete world of play and activity.

Leblanc and Ritchie (2001) found a strong relationship between treatment effectiveness and the inclusion of parents in the therapeutic process. The duration of therapy also appeared to be related to treatment outcomes, with maximum effect sizes occurring after approximately 30 treatment sessions.

A study on the Efficacy of Play Therapy done by Bratton, Ray, Jones et al (2005) revealed that using parents in play therapy produced the largest effects. Play therapy appeared equally effective across age, gender, and presenting issue.

During the initial sessions with Neelam it was observed that she usually kept quiet in front of the therapist. Thus, a lot of intensive work was done to gain her trust and build rapport.

At the beginning conversations with her revolved around her family, toys and interests. Slowly, the questions started becoming a little more specific and she was asked about her pain, and whether she remembered how she got 'hurt'.

Even though the subject under discussion was sensitive, extra care needed to be taken so as to not mention words she couldn't understand or things that would scare her into silence. Talking down to a child's level becomes even more imperative under such circumstances.

In an effort to take a look inside her mind, Play Therapy was used successfully. She was initially asked to draw whatever came to her mind, as a result of which we were presented with pictures of vegetables, fruits, houses and her family. Upon subtly probing her to draw whatever she could remember of the person who hurt her, we got better results. She drew not one, but several pictures of the man who took away her childhood. Upon probing her about the man with the beard, she started talking about the bad man who hurt her. The 'bhooth' took her away from her brother and did bad things to her. She revealed that he had done this with other girls before her and she wasn't the first one. She even came forward and pointed at bruised parts of her body to indicate where she had gotten hurt.

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Through all this, her innocence, naivety, and simple minded nature were constants. Not once did it seem like an older girl was recounting a horrible incident. Throughout the narration, a 5 year old girl was stating in plain words what she had been through, and the way she smilingly and matter-of-factly said that she would hit the man after growing up can't ever be forgotten.

Care was also taken to make sure she was surrounded by familiar faces while she was drawing, and it was made clear to her that she could take as much time as she wanted and draw anything she wanted. In order to ease her into the process, the mother was involved in the activity, and this seemed to have a positive impact on her willingness to do what we had requested of her.

RESULTS/OUTCOME

This section presents the results of the treatment plan used in the study. Neelam's progress though slow was very remarkable. After the 5th session, Neelam was discharged from the hospital and was able to resume her normal life at her home. As anticipated, she did have slight trouble trusting strangers and going out alone, but soon after consecutive rapid sessions she started going to school, started playing with her neighbours etc. Soon enough her interest in her academics was also regained and she started focussing her attention at school. Though there have been instances when Neelam did mention the rapist even after she started school, the frequency has gone down drastically.

CONCLUSION

Neelam has recovered considerably through Art and Play Therapy. Though, she still feels a little insecure, at times, only when she meets strangers or is taken to unknown places. She has started going to school again, communicates with her friends, more often. Her performance in academics has also improved, significantly. We are still seeing her once in a month.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Ahuja R, Singh R (2017), Child Sexual Abuse: Can They Ever Overcome It, *International Journal of Indian Psychology*, Volume 4, (3), DIP: 18.01.082/20170403