Post Traumatic Stress Disorder (PTSD) in Sexually Abused Children

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Abstract. This is a literature-review-approach research on sexually abused children who are suffering from *Post Traumatic Stress Disorder* (PTSD). The research method was literature review from several references, including 1). Academic writings abstracts, 2). Journals review, 3). Some reference books. Several theories and research findings showed that sexual abuse was seen as frightening and traumatic events for the victims which later lead to PTSD symptoms. Children with PTSD can be identified through 3 following signs: 1). Re-experiences, 2). Avoidance, 3). Hyper arousal. Based on the literature review on sexually abused children, the abused victims are not always suffer from PTSD, but many children find difficulties to get themselves off from the trauma and are vulnerable to PTSD. There were some risk factors for sexually abused children to suffer from PTSD and they were: 1). Experiencing dangerous traumatic events, 2). Lacking of social support, 3). Personality pattern, 4). Coping strategies, 5). Intelligence and 6). Delay therapeutic effort. Further research need to pay more attention toward rehabilitation attempts and to find ways for PTSD prevention for sexually abused children.

Keywords: *Post Traumatic Stress Disorder* (PTSD), sexually abused children, trauma.

Introduction

Human life cycle shows that childhood is a development stage where children growth may mold their future. Therefore children growth needs lot of support as the growth is not only crucial but also requires attention and love from parents or family members. The attention and love assure that the children's basic rights and needs were well met. Unfortunately, we also see more and more sexual abuse cases take not only adults but also children as the victims.

The document owned by the Institution for Witnesses and Victims Protection (LPSK) mentioned that sexual violence is the most frequent case reported by society, in which involve children as victims. The types of the violence were intercourse, pornography, rapes and sexual harassment. The LPSK record showed that since January to July 2015, there were 37 reports of crime to children. And 24 of 37 reports were sexual violence to children cases reports. Among the 24 reports, 11 reports were written information about intercourse cases, 9 documents of harassment, 2 report cases of rapes and 2 report cases of sexual harassment. The other 13 cases were 10 reports of cruelty to children and murder, one report of child porn and human trafficking and one report of under-aged child's freedom confiscation. Indonesian National Commission on Child Protection (KPAI) recorded there were 459 cases of sexual violence to children in June 2014. The violence included rapes, sodomy, harassment, and pedophilia. In the year 2014, the KPAI declared that there were 2750 cases of child violence reported and 58 % of it was sexual violence to children (cnnindonesia.com/national.2015).

Sexual violence / abuse is defined as a crime in which an adult touch under-age children for sexual satisfaction purposes, such as rapes (and sodomy) and sexual penetration with objects (Finkelhor, David, Ormrod & Richard, 2001). Most of the perpetrators were known by the victims. About 30% of them were family related to the children or the victims, and mostly were brothers, fathers, uncles or cousins. About 60% were acquaintances such as family 'friend', caregivers or neighbors. Strangers were another group of perpetrator in about 10% of sexual abused children cases (Julia Whealin, 2007). Sexual harassment by

family members is usually including incest, and led to long term seriously psychological traumatic, especially when the perpetrators were the parents (Courtois, Christine A, 1998).

There were many studies showed the causal relationship between gloomy childhood due to sexual violence and adulthood pathologies, not to mention suicidal attempts, anti-social behavior, post trauma mental disorder, anxiety and alcohol addiction (Brown D, 2000). The research held by Widom CS (2000) showed that sexual violence may cause post trauma stress disorder (PTSD) in children.

PTSD mainly refers to continuous maladaptive responses to a traumatic event that may involve death or threat to death or serious physical injuries or threat to self or others' safety (Nevid, 2005). The level of PTSD among children and adolescents recruited from risk samples was high enough. And the PTSD level among risks children and adolescents was various between 3 to 100%. For instance, research showed that as many as 100 % of children who witnessed parents murder or experienced sexual violence may develop PTSD. So do about 90% of children suffered from sexual harassment, 77 % of children injured due to school shooting, and 35% of cities adolescents suffered from violence in the society (Hamblen J, 2007).

Children and adolescents responses to trauma may be very extreme but the symptoms may be different from adults (Hamblen J, 2006). Traumatic event is not always led to PTSD, as Foa and Rothbaum (1998) said that for some people, time may heal traumatic experiences. Rothbaum, et al., (Foa and Rothbaum, 1998) held a research toward rape victims and found that within 2 weeks after the incident, 94% of rape victims develop PTSD, and after 35 days the percentage is decreasing to 65% and after 3 months, the percentage is 47%. But the PTSD symptoms were relatively the same between 6 and 9 months after the incident. And this sameness was found lasted for 3 months.

PTSD symptoms are classified into 3 categories, they are: re-experience, avoidance and hyper arousal. And both internal and external factors may cause PTSD. Based on the explanations stated above, this research was to review "Post Traumatic Stress Disorder among sexual abused children." The risk factors of sexually abuse victims are important to be explored to predict individuals' vulnerability to develop PTSD.

PTSD Definition and Symptoms in Children

Post traumatic stress disorder (PTSD) is a condition after one experience a traumatic or bad event in his life (Sadock, 2007). PTSD is considered as part of many forms of anxiety disorder (Benedek and Ursan, 2009). People with PTSD respond to traumatic events with fear and hopelessness, and they still recall the bad events and worst, they try to avoid the event-related things which my remind them of the suffering experience.

Scheeringa, et al., (1995) has given several recommendations to change PTSD criterion in children. Diagnosis criterions for children are following:

a. The child experience at least one type of traumatic event recall below:
   1. Showing any behavior that imitates the traumatic event, such as playing shooting, performing the violence by himself or with his friends. The behavior is repetitive without any meaningful variation.
   2. Recalling the traumatic events (maybe so suddenly)
   3. Nightmares and unable to describe the dream content.
   4. Suffering from distress when exposed to any event reminding to the traumatic ones.

b. The criterion changes require only one of emotionally numb types and avoiding behavior stated below:
   1. Withdrawal from social circles.
   2. Seldom to play
   3. Development backward especially for language and toilet training development
   4. Limited affect range (numb feelings and mind)

c. There is one of several hyper arousal symptoms below:
   1. Hard to sleep (not caused by fear of nightmares or darkness)
   2. Waking up during night sleep (not due to nighmares)
   3. Decreasing concentration level

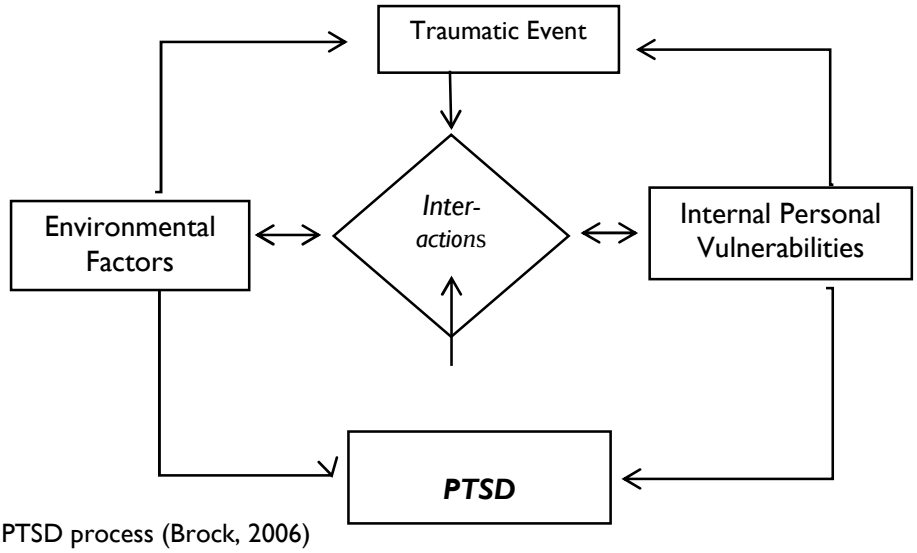
4. Excessive startled responses
5. Highly sensitive and intents reaction to any stimulus reminded to traumatic events.

d. Characterized by one of fear and hostility symptoms below:

1. Fear of darkness
2. Fear of going to toilet alone
3. Fear of new things which are not clearly related to traumatic events
4. Fear of separation and living alone

PTSD Process

Some traumatic experiences my not necessarily led to PTSD. Foa and Rothbaum (1998) said that for some, traumatic experienced healed by the time, but not for some others. According to Hamblen J (2006), the level of PTSD among children and adolescents recruited from risk samples was high enough. And the PTSD level among risks children and adolescents was various between 3 to 100%. For instance, research showed that as many as 100 % of children who witnessed parents murder or experienced sexual violence may develop PTSD. So do about 90% of children suffered from sexual harassment, 77 % of children injured due to school shooting, and 35% of cities adolescents suffered from violence in the society.



Picture. The PTSD process (Brock, 2006)

When life course goes beyond the normal line, one may suffer from distress, especially when his or her personal and environmental resources were not fully applied. She or he will face prolong trauma or commonly refer as PTSD. Therefore, trauma management through coping strategies is important for both psychological and physical health. There have been different psychological and social responses from the society to the traumatic events victims. And these differences mainly depend on the perception and coping strategies.

PTSD Vulnerability Factors

There are several risk factors for a child to be vulnerable to PTSD. High level of intelligence seems to be a protective factor, and this probably associated with better coping skills strategy (Macklin et al., 1998). PTSD prevalence is increasing as the traumatic event is more severe; for instance, the risk of PTSD is bigger when the war battle experience is longer. Among those with familial PTSD, even little war experience may cause high vulnerable level of PTSD (Foy et al., 1987).

According to Breslau et al., (1997-1999) predictive factor of PTSD may include threat to life, females, separated from parents during childhood, familial disturbance, and other kinds of earlier traumatic

experiences and disturbances, anxiety or depression. According to Keane, et al., (2006), PTSD risk factors classified into 3 categories:

a. Unique and existing factors for each individual. The existing factors are like genetic contribution, sexes; males are more likely to experience traumatic events (such as battles) and females are more likely to get PTSD. .
b. Traumatic event – related factors. These factors may come from the traumatic causes. For instance: body injuries. One research concluded that injured veterans are more likely to suffer from PTSD than those without injuries in the same war battle (Koren et al., 2005).
c. Some events following the traumatic experiences. This third factor focused on events after traumatic experience.

Prevention and Treatment PTSD

There are 2 kinds of therapy for PTSD and they are pharmacotherapy and psychotherapy. Drugs may lessen the symptoms but drugs are less likely to reduce the psychological stress and interpersonal problems found in people with PTSD. Consequently, some clinicians recommend continuous psychotherapy, not only to overcome emotional disturbance but also to monitor individual responses to medication (Davidson et al., 2004). Some suggested psychotherapies are: 1). Cognitive therapy, 2). Play therapy, 3). Support group therapy and speech therapy, 4). Education and counseling supportive.

Research Method

This articles review writing is completed using meta-analysis. The research method was literature review from several references, including 1). Academic writings abstracts, 2). Journals review, 3). Some reference books. And data analysis method used was comparison analysis between available theories and meta-analysis.

Research Findings and Discussion

Children and adolescences show extreme responses to traumatic events. The symptoms are different from adults' symptoms (Adshead G, 2007), and they are:

a. Bed-wetting (Toilet training backward)
b. Unable to speak (Language development backward)
c. Extreme behavior (preferring dangerous games)
d. Extraordinarily attached to parents and other adults.
e. Older children and adolescences my show similar symptoms with adults. They may show conduct disorder, irrespective to people or destroying.

There are people suffered from traumatic events but they do not develop PTSD and some others even less disturbed by the traumatic events as the time goes. Some children unfortunately are traumatic and vulnerable to PTSD. Some research focusing on PTSD risk factors show the causes why ones are vulnerable to PTSD, such as the following:

Tabel 1. Research on PTSD Risk Factors

No	Researcher (Year)	Findings	Risk Factors
1	Durand (2006)	Severe trauma may cause frequent PTSD and resulted more chronic PTSD cases.	Trauma Severity
2	Foy et al. (1987)	The more severe the trauma, the higher PTSD prevalence is. For instance, the more war battle experience, the higher the PTSD risks are. Among those with familiar disturbance, few war battle experience may cause higher PTSD occurrence.	Trauma Severity
3	Perkonigg et al. (2000)	Males are known to experience traumatic events but	Gender

No	Researcher (Year)	Findings	Risk Factors
		females have higher PTSD prevalence.	(Females)
4	Kimerling et al. (2002)	Males with traumatic events (severe and frequent) are vulnerable to long life trauma. But females are more subject to PTSD after sexual violence trauma.	Gender (Females)
5	Breslau et al. (1999)	Females are two times likely to develop chronic PTSD in their life and this case is possibly subjective	Gender (Females)
6	Hamblen J. (2007)	Children and adolescents from risk population are likely to suffer severe PTSD, and the possibility is between 3 to 100%. For instance, research showed that as many as 100 % of children who witnessed parents murder or experienced sexual violence may develop PTSD. So do about 90% of children suffered from sexual harassment, 77 % of children injured due to school shooting, and 35% of cities adolescents suffered from violence in the society.	Child Age
7	Schiraldi, 2000	Pessimism, introvert, self-blaming, and denial are related to PTSD development	Personality
9	Schiraldi. (2000)	Broken home children with divorced parents may witness mentally unhealthy behavior and thoughts and they learn through role model mechanism (mistrust, blaming others) and this likely lead to PTSD development vulnerability.	Less Parents Support (divorced)
10	Durand (2006)	Familial PTSD and trauma are possibly influence family members to get PTSD. Parents are frequently emotionally unsupportive as consequences of their own sadness experience. Therefore children are likely to get less support so they are vulnerable to PTSD.	Less Parents Support
11	Briere (2004)	Protective factors from PTSD after trauma are the ability to rely on family, friends, and society. These are the factors that can prevent the victims from self-isolation and distract her/his memory from traumatic event recall.	Lack of social support
12	Pynoos et al. (1987)	How close one with the traumatic event is directly related to the PTSD severity level and development. The higher their stress score the higher the possibility of suffering from PTSD.	Trauma closeness
13	Schiraldi, (2000)	Due to lack of knowledge many victims of traumatic events do not get quick help and later they develop PTSD.	Slow treatment
14	Kessler (2000)	This research estimated only 38% of people with PTSD are following treatment for certain years. The most popular reason of not seeking medical help is that they do not think they have problems.	Slow / Lack of knowledge about treatment
15	Macklin et al. (1998)	High intelligence capacity seems to be one of protective factors as intelligence closely related to better coping skills.	Intelligence capacity
16	Schiraldi (2000)	Inferiority, emotionality and hardiness may increase one's likeliness to develop PTSD. A child can learn	Minimum coping

No	Researcher (Year)	Findings	Risk Factors
		effective coping strategy, getting confidence, in the family and most importantly getting support system, in the family, to protect them from PTSD.	strategies

Based on the above research findings, below is the mapping of risk factors for a sexually abused child vulnerably develops PTSD:

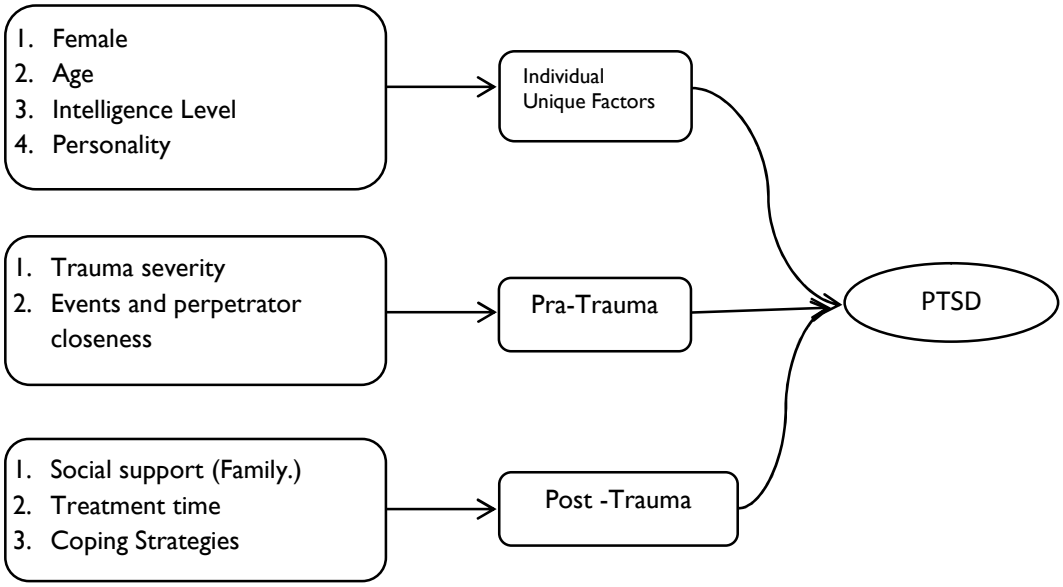


Figure2. Meta-Analysis Risk Factors of PTSD in sexually violence child victims.

Closing

This article is not flawless. The chosen research or journals of research have not fully focused on certain setting background such as education level or schools, war, houses etc. Besides, the limited research on Indonesian children suffered from PTSD has made this article took mostly international research journals which were from developed countries. Further researches are advised to find appropriate PTSD prevention model for sexually abused children.

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