

Treatment for women survivors of childhood abuse psychology essay



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Many women in the United States are adult survivors of child abuse. As testimony to this to this fact, it was discovered in surveys of 1, 931 women that up to 62% had a history of childhood sexual abuse (CSA) and up to 30% reported childhood physical abuse (McCauley et al). Numerous female adult survivors of child abuse will experience psychological and behavioral issues as a result, and may benefit from some form of psychotherapy as treatment. “ Typical strategies used include cognitive-behavioral, trauma-focused, and emotion [-] focused approaches” (qtd. in Hodges). Cognitive-behavioral therapy should be considered by women survivors of childhood abuse who are experiencing depression, anxiety, or post-traumatic stress disorder (PTSD).

The impact of childhood abuse on women is profound. Dr. Ileana Arias reports in her article “ The Legacy of Child Maltreatment: Long-Term Health Consequences for Women” that “ Documented psychological problems in adulthood among women survivors of child maltreatment include post-traumatic stress disorder (PTSD), depression, anxiety, somatization, substance abuse, eating disorders, personality disorders, and suicidal behavior.” According to reported and documented occurrences of abuse, one particular type of abuse that affects females more than males is childhood sexual abuse. “ The National Center for Victims of Crime (2007) reported that girls are victimized at least three times more often than boys, and one in four adolescent girls will experience CSA before reaching 18” (qtd. in Hodges). Unfortunately, for the disproportionate amount of female survivors, results of childhood sexual abuse are so traumatic that it can actually alter the brain.

For example, this information was given in “ The Public’s Health, Newsletter for Medical Professionals in Los Angeles County” in an article titled “ Adult Manifestations of Childhood Sexual Abuse,”

Controlled studies have shown that adult survivors of child sexual abuse (ASCSA) are more likely to exhibit adverse psychopathologies in adulthood, and neuroimaging studies confirm that exposure to sexual abuse in childhood alters the neurobiology and neurostructures in the brain, leading to scarring, an abnormal neurohormonal response to future stressors, and predisposes the victim to a lifetime of negative consequences. (3)

The article states that the affected areas of the brain are the left hemisphere, the hippocampus and amygdala, and the corpus callosum. If there is neurodevelopmental damage to these parts of the brain, the victim can experience a number of psychological results, including depression, panic disorder, and PTSD (qtd. in DeCarli 3). This is of particular concern to women because PTSD is often a result of experiencing sexual abuse as a child.

PTSD is defined in “ Women Are Diagnosed With Posttraumatic Stress Disorder More than Men, Says Research,” as “ an anxiety disorder precipitated by a traumatic event and characterized by symptoms of re-experiencing the trauma, avoidance and numbing and hyperarousal.” (APA). The article notes findings by the American Psychological Association (APA) that women are diagnosed with PTSD more than men. It is common knowledge that men and women are different in a variety of ways, and the way that trauma seems to affect each gender is no exception. The article

states that, “ A reason that men may not fit the current diagnosable criteria of PTSD...is that their symptoms may manifest themselves differently.” (qtd. in APA). Women would be more likely to report depression or anxiety whereas men would report behavior or drug problems (APA).

Cognitive-behavioral therapy is one of the best methods of treatment available and practiced in the U. S. today. Dr. Helen Kennerly defines CBT as “ therapy which aims to improve mood and change unhelpful behaviors by tackling the thoughts, memories, images and beliefs which are linked with problems” (Kennerly 58). Use of cognitive behavioral therapy techniques would be beneficial to women survivors because it is aimed to supply the victim with a thought process to counter the thoughts that provoke or perpetuate depression, anxiety, or PTSD. The process is explained in *The Clients Guide to Cognitive-Behavioral Therapy: How to Live a Healthy, Happy Life... No Matter What!* by Aldo R. Pucci, President of the National Association of Cognitive-Behavioral Therapists.

First, the book teaches the “ Emotional ABC’s.” The ABC’s are this: one is aware of something, then he or she has a belief about it, and the result of the belief is the consequential emotion that results. The belief is positive, neutral, or negative (23). Those thoughts are propelled by “ underlying assumptions” that would be the core to the beliefs (35). Being aware of this process and core beliefs is empowering, and this awareness gives the victim the power to change it. In example, if a woman was abused as a child, and her underlying assumption is that she’s not worthy of respect as a result, then that could influence her beliefs and actions in any number of scenarios.

She may act timidly in a situation or be a “ doormat” to others because that <https://assignbuster.com/treatment-for-women-survivors-of-childhood-abuse-psychology-essay/>

is her underlying assumption. The core belief must be found and challenged, and the emotional ABC's lead the way to discovery.

Next, Pucci's version of the "The Common Mental Mistakes," mistakes that could also provoke depression, anxiety, and PTSD in a female adult survivor, is introduced. Pucci lists 26 mental mistakes, and then gives a list of "Common Emotional Problems and the Common Mental Mistakes." Of the 26 mental mistakes, he lists some that would cause a feeling of depression, including "irrational hopelessness/helplessness" and "catastrophizing" (85). A female adult survivor might feel helplessness or hopelessness as an adult because those feelings were likely in the child who had no control of or escape from the abuse. As an adult, however, the former abuse victim has much more control of their life. Pucci describes catastrophizing as "another form of underestimating one's potential to deal with a situation effectively" (71). He goes on to say that "words and expressions often used when catastrophizing are: awful, terrible, horrible, catastrophic, and end-of-the-world" (71). If those words were to be replaced with a more neutral word, such as unfortunate, the impact might be deflated (Pucci). This is not say that a female adult survivor of child abuse should want to minimize the validation of their feelings during childhood, but rather to recognize in adult situations if those overwhelming feelings and words are automatic when met with challenge in adult life. These are some of the stepping stones that would lead women survivors to a rational approach, so that even if happiness isn't always attainable, maybe a neutral, solid ground can be reached instead of being sucked into the quicksand of depression and anxiety (Pucci).

Alternatively, a trauma-focused CBT approach may be more beneficial to the women survivors experiencing PTSD as a result from childhood sexual abuse. This therapy requires the client to revisit the traumatic experiences through detailed descriptions of the occurrences to assist in identifying the triggers for PTSD, then developing cognitive processes to counter the behavior that follows, such as avoidance of things that are non-threatening triggers. Hodges states, “ Counseling interventions like trauma-focused therapy presuppose that the focus of therapy with women survivors of CSA is the trauma experience and that reviewing the experience is necessary for the client to improve psychologically.” This type of therapy has been stated as “ generally beneficial” for “ adults who were sexually abused as children” (qtd. in Hodges).

Although CBT would prove beneficial to treating adult female survivors, there are, of course, alternative treatments, and some experts would not consider this to be the treatment of choice. For example, Hodges takes a different stance on treatment, suggesting a “ wellness approach” instead. “ Focusing primarily on the trauma itself neglects the individual’s growth potential and the positive effect posttraumatic growth has on psychological distress” (qtd. in Hodges), she notes, however, “ Wellness-focused interventions validate the individual and the fact that the important thing is not why the individual survived but how” (Hodges). This type of therapy would pay homage to the client’s strong points in having dealt with sexual childhood abuse, such as resiliency. Though this, too, could prove beneficial to the women survivors, the CBT approach helps to excavate the core self-belief that is the origin of

the suffering they are experiencing in adult life, and gives them tools to successfully combat the origins of their suffering.

Another approach to treatment would be medication for anxiety or depression, in combination with therapy or as a sole treatment. Not only do antidepressants have the potential to cause side effects ranging from weight gain to insomnia to anxiety, they are of particular concern to women who are or could potentially become pregnant. The Mayo Clinic states that “ some types of antidepressants have been associated with health problems in babies.” For instance, these risks are listed by the Mayo Clinic for the selective serotonin reuptake inhibitor (SSRI) Citalopram, better known as Celexa:

Risks: Has been associated with a rare but serious newborn lung problem (persistent pulmonary hypertension of the newborn, or PPHN), when taken during the last half of pregnancy; has been associated with septal heart defects; has been associated with a birth defect that affects the brain and skull (anencephaly), a birth defect that affect sutures on the head (craniosynostosis) and a birth defect that affects the abdominal organs (omphalocele).

This is just one example, and nearly all the other popularly prescribed antidepressants have similar or equally serious risks. This possibility of side effects in all users and the risks of use in pregnant women make psychotherapy a more reasonable treatment, and the effects may be longer-lasting, as cognitive behavioral therapy aims to treat the causes of depression, not just the symptoms.

Likewise, anti-anxiety medications come with their own risks. Anti-anxiety medications known as benzodiazepines (i. e., Ativan) are effective in treating anxiety disorders, however, side effects “ include drowsiness, poor concentration, and irritability” (WebMD). Perhaps of greater concern, these medications are addictive and are “ not as desirable for long-term use” (WebMD). A female adult survivor of child abuse would most likely find long-term benefits and methods that can be used indefinitely in the tools that are developed in cognitive-behavioral therapy rather than relying on medication for these reasons.

Although using cognitive-behavioral techniques with a therapist as a guide is ideal, some seeking help may not have the means to attend therapy. In that case, there are a good number of self-help books that employ the fundamentals of this approach. One book that directly addresses using CBT for the adult survivors of child abuse is *Overcoming Childhood Trauma: A self-help guide using Cognitive Behavioral Techniques* by Helen Kennerley. Pucci's book could be used without a therapist as well. Because childhood sexual abuse affects more women than men, books can more easily be found that are written for women. One book is called *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* by Ellen Bass and Laura Davis. If the woman survivor has the will to treat her anxiety, depression, or PTSD but does not have the financial luxury (or insurance coverage) to use a therapist, any of these books and others available can be of assistance.

In conclusion, the primary goals cognitive-behavioral therapy of identifying the mental cues that perpetuate the women survivor's suffering and then dealing with the irrationality of some beliefs and behaviors is an ideal

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treatment. Identifying the underlying assumptions of what has shaped the survivor's thoughts and being given those mental tools to fix the problem would be more beneficial than some of the alternatives. Some therapies may not get to the core of what the client is experiencing, and medications can have unfavorable side effects and carry risks for babies carried by mothers using the medications. A therapist can help guide the women survivors in recovery with the cognitive-behavioral techniques, yet if this is not possible, self-help books using those techniques can also help.