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Post Traumatic Stress Disorder and Sexual Abuse of Children

Although a number of studies have been conducted separately into the effects of sexual abuse on children and into post-traumatic stress disorder, especially as a consequence of war, it is only recently that researchers have begun addressing the connection between sexual abuse and post-traumatic stress. In fact, the National Institute of Mental Health (1995) has specifically called for studies to be done on the effects of violence and trauma and the concomitant consequences of severe psychological and social dysfunction. In their call for research, NIMH reports the startling statistic that "as many as 80% of rape victims experience post-traumatic stress symptoms after the assault and one-third suffer chronic PTSD in the year following the assault."

It is estimated that one in five females and one in ten males are victims of child sexual abuse (NIMH, 1995). While State agencies have reported as many as 128,000 confirmed cases of sexual abuse against children in a single year, the actual number is believed to be far greater due to the stigma and secrecy surrounding this issue (AACAP, 1992).

There are striking similarities in the symptoms that are presented in post-traumatic stress disorders (PTSD) and sexual abuse of children. Larsen (1990) notes that PTSD involves persistent re-experiencing of a traumatic event in intrusive recollections, distressing dreams, hallucinations, distress at anniversaries of the trauma, and avoidance of thoughts, feelings, and activities associated with the trauma. The symptoms displayed include a feeling of detachment or estrangement from others, an inability to have loving feelings, markedly diminished interest in significant activities, and a lack of hope in the future. Displays of hyper-vigilance in combination with reported difficulties in sleeping, anger, concentration, an exaggerated startle response, and or physiological reactions that remind the person of the traumatic event are common. In young children, there may be developmental regression in areas of toilet training and language. These symptoms may appear immediately after the event or be delayed by six months or more. While physical trauma is often involved in PTSD, there is always a characteristic psychological component--the person has lived through an intense period in which he or she was faced with intense fear, helplessness, loss of control, and the threat of annihilation (Larsen, 1990).

Researchers studying the effects of sexual abuse of children (Craig, 1992; Klausner & Hasselbring, 1990; Brown, Kessel, Lourie, Ford, & Lipsett, 1997; Garnefski & Diekstra, 1997; Griffith, 1997) report that many sexually abused adolescents suffer from feelings of low self-esteem, fear of rejection, helplessness, and powerlessness. Their behavior patterns also frequently include an unusual interest or avoidance of all things of a sexual nature, sleep problems, nightmares, displays of hyper-vigilance, unusual aggression or withdrawal,

secretiveness, delinquency, an inability to form intimate relationships based on trust, and suicidal behavior (AACAP, 1992; Craig, 1992; Griffith, 1997).

Tebbutt, Swanston, Oates, and O'Toole (1997) found that depression, self-esteem, and behavior problems, including symptoms indicative of PTSD showed no significant improvement five years after the abuse was disclosed, suggesting that without appropriate and ongoing intervention, the effects of sexual abuse can be lifelong. Even among educators, researchers (Shakeshaft & Cohen, 1995) state that there was an overwhelming lack of understanding of the long term effects of sexual abuse on children. Most believed that if the abuse had been stopped, there was no longer a problem. School officials taking part in this study did report that it was common for students who openly admitted to sexual abuse to be ostracized by other students, teachers, and members of the community. Even with the heightened awareness of incidences of sexual abuse in our society, due to the focus on such cases by the media, there is still a strong tendency by parents, and other significant adults in the child's life, to react negatively by either blaming the child for the abuse, or by denying or minimizing its effect on the child. This reaction only compounds the emotional and psychological consequences for the child, making them more severe, long lasting and harder to treat (Klausner & Hasselbring, 1990).

While psychological interventions are primarily outside the field of education, educators still have an important role to play in the salvage and treatment of these children. The experience of violence may result in a child's displaying learning characteristics that differ from those of children who have not faced such stressful circumstances. Craig's (1992) research shows that they may present problems with cognitive development in areas of linear sequencing, reverting instead to episodic encoding of new information rather than semantic. Cause-and-effect is another cognitive process that may be severely hampered by the trauma of sexual abuse, particularly when such abuse is repeated over a long time. An extended experience of perceived low impact on the world inhibits the development of such behaviors as goal-setting and delayed gratification, skills that are highly important in school success. Finally, according to Craig, (1992) living with violence inhibits the cognitive processes by which a child develops a sense of self. They learn quickly that safety is best achieved through a sensory muting, which allows them to mirror the preference of the abuser at any given time. The price they pay is an absence of feeling and a sense of incompetence that stem from the inability to define the boundaries of the self and thereby experience self-control. Craig further states that educational interventions for these children can best be accomplished by combining the knowledge of educational methods with the knowledge of types of cognitive and social dysfunction exhibited by abused children. Educators need to infuse the curriculum with the consistency, predictability, safety, and sense of purpose that can accommodate the cognitive style of these children. They must orchestrate learning environments within which the discovery of competence and self-worth is possible (Craig 1992). By articulating alternative ways of being and establishing a context in which learning can occur, teachers can have significant impact on the cognitive profile of sexually abused children living with the effects of post-traumatic stress.

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