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Best Practices for working with children who have experienced sexual abuse: A Training Resource Manual for Mental Health Counselors

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Best Practices for working with children who have experienced sexual abuse: A Training Resource Manual for Mental Health Counselors

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Abstract

This paper reviews literature related to issues and practices associated with childhood sexual abuse including best practices for working with victims of sexual abuse. Children who are victims of sexual abuse often suffer from trauma related symptoms and the use of certain approaches can provide better treatment outcomes. Following the review, a training will be presented that provides counselors with information on best practices when working with children who have experienced sexual abuse.

Keywords: Childhood Sexual Abuse, Trauma, PTSD.

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Introduction

The experience of sexual abuse in childhood can change the way children and young individuals understand the world and where they belong in it. While circumstances of the abuse can vary, trauma related symptoms can delay the disclosure of the abuse for years. When an individual is ready to disclose, creating a safe and trusting environment can help the victim of sexual abuse start to process what they are willing to share (Manay & Collin-Vézina, 2021). Walker et al. (2004) suggested that sexual abuse in girls has been associated with a higher risk of PTSD than other types of traumas. Independent of gender, PTSD has a higher risk of developing due to multiple trauma-related factors following a traumatic event such as sexual abuse. Understanding and recognizing child sexual abuse can be difficult, especially when the victims themselves are having to overcome the barriers of shame and trust. Most children find it difficult to disclose their experience due to shame, self-blaming or fear of being blamed by others (Vrolijk-Bosschaart et al., 2018).

Self-blame and shame can create unhealthy coping strategies that push the child further away from reality and prevent forming relationships with others. The association between self-blame, shame and guilt can impact the therapeutic process and hinder the trusting relationship between the client and the therapist (McElvaney et al., 2022). Many different therapeutic approaches work to provide the best environment for the child and fit their individual needs as they begin therapy. Understanding the needs of the child and how they respond to different approaches is imperative in reaching positive treatment outcomes. This knowledge and understanding can aide the counselor to in providing a safe and trusting counseling experience for victims of sexual abuse. A training manual was developed as a way to provide counselors

with information on best practices and treatment considerations when working individuals who have experienced childhood sexual abuse.

Literature Review

Sexual Abuse of Children

Victims of sexual abuse can develop long-term and severe mental health issues following the sexual abuse. It is pertinent that we understand not only the facts, but the perceptions and experiences that victims go through in order to provide a safe and trusting environment for them. Manay & Collin-Vézina (2021) shared that the disclosure of childhood sexual abuse (CSA) has become increasingly important in working with children who are victims of sexual abuse. Analyzing the narratives aides the therapist in considering all parts of the individual's identity and experience, rather than focusing only on the abuse they endured (Vollman, 2021).

Childhood sexual abuse is typically defined as a form of child abuse that involves sexual activity between a child and adult (Walker et al., 2004). While there are varying definitions that can be found, the CDC defines childhood sexual abuse as any type of completed or attempted sexual act, sexual contact with, or exploitation of a child by a caregiver or other individual (Hanson & Wallis, 2018). According to Hanson and Wallis (2018), 676,000 children in the United States were victims of abuse or neglect, reflecting a rate of 9.1 victims per 1,000 children under the age of 18. Of these reported cases, 8.5% were victims of childhood sexual abuse. Additionally, McElvaney et al. (2022) estimated that the prevalence of child sexual abuse ranges between 8-31% for girls and 3-17% for boys. While childhood sexual abuse may be less prevalent than other forms of child abuse, it has significant acute and long-term consequences. Certain risk factors, such as age, sex, and family structure, can increase the likelihood of childhood sexual abuse, however, supportive caregivers, early identification, and appropriate therapeutic approaches can ameliorate these adverse effects (McElvaney et al. 2022).

Certain risk factors increase the likelihood of childhood sexual abuse. Hanson & Wallis, (2018) found higher rates of abuse for girls than boys, suggesting that the risk of sexual victimization is approximately 3 to 4 times greater for girls than for boys. Along with that, other factors that have been associated with an increased risk for childhood sexual abuse include lower socioeconomic status, residing in a home with a single parent, being in foster care, parental substance abuse or mental illness, living in a rural area, and living in a home with domestic violence. With known risk factors, it remains critical for clinicians to be aware of potential signs or symptoms of sexual abuse as for some individuals the warning signs may not be as recognizable. Signs can include showing distress in the waiting room, anxiety around leaving caregivers side, and or not feeling comfortable being examined. Along with these signs, symptoms can include nightmares, new fear of the dark, bedwetting, withdrawal, irritation, or outbursts (Hanson & Wallis, 2018).

The Effects of Sexual Abuse on the Victim

Wohab & Akhter (2010) identified that psychological effects including depression, suicidal attempts, fear of adults, and inability to complete work may also be signs of abuse. Mokma et al., (2016) shares that there are several studies that have documented self-blaming among children who are sexual abuse survivors. Self-blame has been linked to negative behaviors and symptoms, as the individuals are blaming their core characteristics as a reason for the trauma. In the early signs of CSA, the child may display behaviors such as acting out, hostility towards others and running away. Initial symptoms are reported in the beginning, especially behaviors associated with fear, anxiety, depression, and anger. PTSD or Post-traumatic stress disorder is a common outcome of childhood sexual abuse victim (Wohab & Akhter, 2010). Identifying the correlation between PTSD and sexual abuse can be imperative

when looking at how PTSD presents itself in individuals (Mokma et al., 2016). Additionally, Wohab & Akhter (2010) suggested that individuals that are victims of childhood sexual abuse may suffer from long term anxiety, depression, and panic disorder. As a result of these disorders, some individuals may develop suicidal thoughts due to feeling ashamed or embarrassed. These effects show the immediate recognition of pain, confusion, and loss that they are experiencing, unsure of who they can trust now that they have lost their security.

Therapeutic Alliance

A strong early therapeutic alliance for PTSD has been associated with better engagement, better adherence to treatment, and less dropout (Keller et al., 2010). The development of an early alliance can be more difficult, however, it is imperative to create a positive therapeutic process. In typical development, the surfacing of emotional regulation skills is guided by caretakers. Unfortunately, processes are impaired when a child is exposed to sexual abuse, especially if the abuse took place in the home. Cloitre et al. (2004) suggested that maltreated children, in comparison to other children, have a more difficult time understanding their emotions and knowing how to express them.

Less attachment avoidance and a stronger therapeutic relationship are crucial in reaching positive treatment outcomes with clients (Smith et al., 2012). The relationship between the client and clinician can be beneficial as it provides a space for children to learn about emotions, their expression, and relationships with others. Additionally, Cloitre et al. (2004) suggests that a consistent therapeutic alliance in the initial phase of treatment has the capacity to reduce symptoms of PTSD and promote success of the therapeutic process.

Evidence Based Practices

Victims of sexual abuse can be hesitant and unsure about opening up about their experience as they may feel ashamed or embarrassed about what happened. Acknowledging the challenges that can arise when working with individuals that are victims of sexual abuse can be important as a clinician in the beginning stages of the therapeutic process when developing the relationship. The therapy interventions and approaches for working with children who have been sexually abused must be structured and prioritized based on what is best for the individual. Making a collaborative decision with the child and the caretaker will result in greater engagement and completion of therapy (Simmons, 2021). There are evidenced-based structured and non-directive approaches that a clinician can use. CBT and TF-CBT are approaches that many clinicians are drawn to and have been shown to be effective approaches (Narang et al. 2019). Counselors must select the approach that best fits the client.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy or CBT is known as the golden standard for treatment for many mental health problems and has been shown to have positive impacts on the clients (Simmons, 2021). Iverson et al. (2011) suggested that when treating depressive symptoms that correlate with a PTSD diagnosis, the use of cognitive behavioral therapy can decrease the likelihood of future victimization and increase the likelihood of reaching positive treatment outcomes. Kim et. al (2009) suggested that from narrative therapy to group therapy, these cognitive behavioral interventions are designed to address difficult emotions that are associated with abuse. Interventions should be strength-based and tailored to fit the unique needs of the clients. This allows the client to develop self-compassion and self-care strategies when they have moments of overwhelming thoughts and emotions.

Matthys & Schutter (2022) suggest that putting emphasis on outcome expectations, affective empathy, decision-making and problem-solving skills, emotional regulation, and awareness skills can improve the effectiveness of CBT. Shaping the treatment and intervention approach to the specific needs of the individual can create a positive experience and help reach positive outcomes. Furthermore, Haan et al. (2024) identified that CBT can focus on trauma and PTSD symptoms, especially for individuals who have high distress levels before starting treatment. CBT can also be successfully used in treatment even if caregivers are not able to take part in the process. Riise et al. (2023) discussed the importance of therapists gaining knowledge and education on CBT as well as considering the developmental level of the individual in order effectively tailor the treatment to match the child's needs and abilities.

Trauma Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy or TF-CBT is a treatment approach that includes both individual sessions with the client and parent-child sessions, if deemed appropriate by the clinician. TF-CBT has been shown to be effective in enhancing both the affective and behavioral functioning of the parent and child. A trauma focused therapy process integrates both skills used in a thoughtful manner and approaches that lead to the improvement of trauma symptoms (Mannarino et al., 2012). This therapy approach consists of a treatment plan that provides the child with skill-building interventions that can help the client process their trauma without reacting to the negative trauma responses. Along with individual approaches for the client, the approach also involves parenting interventions that assist navigating the relationship between the client and parent, if including the parent is deemed appropriate (Mannarino et al., 2012). This approach relies heavily on the trauma narrative intervention and is important in effectively reducing the child's fear and anxiety and alleviating parental distress (Deblinger et

al., 2011). Use of a trauma narrative allows the client to make sense of their experiences with someone they can trust and in an environment that is safe. While there are steps to achieve before a narrative can take place, this approach allows the client to use skills and techniques taught in session to retell their story, allowing the client to gain emotional power over the trauma. Trauma narratives allow for the child to decrease the feeling of self-blame and humiliation. Supporting the child in developing a trauma narrative can aide in describing and processing their trauma and allows the relationship between the parent a client to form again.

The first type of love that a child is exposed to and will experience in their life is family love. Cultivating a strong bond within a family is extremely important when reintroducing the child to trust and safety within a relationship. Trauma-Focused Cognitive Behavioral Therapy is intertwined with family intervention and utilizes the family dynamic (Foster, 2014). Family involvement can be immensely important as families have the potential to provide vital support to a child by creating a sense of hope and security. When working with a child that has suffered a trauma such as abuse, a parent demonstrating readiness to participate in the narrative family session can allow the child to feel a sense of safety and allow them to open up more in the sessions. Preparation of the parent before starting the combined sessions is an important component of a successful family session as it coaches the parent to utilize beneficial ways of comforting their child. Preparing the parent is a key part of this approach because as the child will be having honest and open communication about the abuse, the parent will be there to provide support, understanding and unconditional positive regard (Foster, 2014). A trauma narrative approach allows the child to go through the sessions and process what they've experienced with the support of a parent/parents. Through this, parents can learn how they can demonstrate empathetic listening and demonstrate that they are fully present and supportive of

what the child is sharing. The intervention helps the family discuss the challenges and create a plan to move forward that addresses the child's narrative and safety concerns that they have (Foster 2014).

Mannarino et al. (2012) suggest that family involvement provides the child and the parent with skill-building to enhance the child's self-regulation, and parenting interventions to enhance management skills and support of the child. Enriching the relationships within the family is an imperative part when reintroducing the child to a relationship that offers trust and security. This is cathartic for not only the child, but it helps the parent process and understand the nature of what happened to their child and moves the parent into a supportive role (Foster, 2014).

Non-Directive Approaches

Narang et al. (2019) discussed that client-centered therapy has been shown to be effective for child and adolescent survivors of CSA and involves helping the client understand and recognize their own emotions and establish their own therapeutic path.

Play Therapy

Play therapy is an intervention that utilizes structured therapeutic activities, such as games, dolls and sensory toys and helps the child to process their trauma. Springer and Misurell (2012) introduces play therapy as a unique way of working with children by using engagement and interaction to help the child overcome their understandable hesitation to the therapist. Play therapy utilizes role play, modeling, rehearsal, and storytelling as a way for the client to process their trauma. Play therapy has shown to be effective for children that are victims of sexual abuse. To create a positive therapeutic alliance, the use of games and activities can be implemented to help the clinician and child improve their communication skills with each other. Play therapy can be used to help with this process and can include rapport building, personal space and

boundaries, emotion identification and expression, linking feelings to experiences, coping with difficult emotions, and relaxation training (Springer & Misurell, 2012). Using games in a session can help individuals feel more relaxed and comfortable as they are exposed to the memories of what happened to them. Providing a session that incorporates play can help the individual see that they are in a caring, warm environment which then allows the client to gradually feel more comfortable sharing their experience. Springer and Misurell (2012) suggested that individuals after treatment showed significant behavioral improvements and a decrease in trauma-related symptoms as well as an increase in insight and perspective regarding their trauma.

Games and play are thought to enhance the therapeutic and learning process through the focus of the treatment goals (Springer et al., 2015). Play can be used to help the parent process and heal from the disclosure of sexual abuse and addresses emotional and physical sensations regarding their feelings of the trauma. More specifically, the use of games allows the caregiver to gain emotional control, enhance social skills, and acquire skills necessary to support their child's recovery (Springer et al., 2015). Play therapy is different from "just" playing as it helps navigate the child's feelings and helps develop social skills as children express their feelings, allowing the caregiver to process how the child expresses their feelings and learn how to support the child. By implementing and using Play Therapy, the client can improve their communication, emotional expression, and overall well-being, while regaining a sense of safety and control.

Art Therapy

Art is used to promote expression of the client's self and individuality. Art therapy not only addresses emotional and cognitive aspects but also allows the child to develop social skills. Laird and Mulvihilil (2022) studied a population of individuals exposed to childhood sexual abuse and integrated an art therapy approach to determine the effectiveness. The results showed

the important balance of expressing the individual's story while maintaining the child's wellbeing. Art allows the child to make sense of their thoughts and world while connecting with their emotions. A disclosure of sexual abuse creates feelings of confusion and conflicting emotions. Art therapy allows all the pieces of the story to be put together and produce a powerful and detailed representation of how the trauma impacted the victim and the family (Pifalo, 2009). Art therapy allows the child to work on the expression of their thoughts and feelings as well as gain a sense of community and trust through their art. The process of art therapy gives the participants tools to establish their thoughts on the traumatic experience and help them regain control. Visualizing and drawing out the experience can also be a tool used in family therapy with a client that is a victim of sexual abuse (Pifalo, 2009).

Attempting to verbalize a trauma can often result in confusion. Visual representation through art can help put the pieces of the trauma together and help the parent and child reach a level of clarity with what happened. It can validate the family's emotions surrounding the trauma (Pifalo, 2009). Art therapy allows the child to not only express their thoughts and feelings from the traumatic experience, but also gain a sense of community and trust. Art therapy can be used when clients are having difficulty expressing their thoughts and feelings surrounding what happened and aids them in feeling safe while they express what they are feeling without being judged or criticized.

Conclusion

The victimization that occurs when a child is exposed to sexual abuse can hinder their ability to believe that they are anything more than what happened to them. Creating a safe and trusting environment in therapeutic sessions allows the child to feel as though they are human, and they can trust people. Directly targeting interventions for each unique child is associated

with positive treatment outcomes (Hanson & Wallis, 2018). Understanding the needs of the child and how they respond to trauma is imperative in reaching positive treatment outcomes. This knowledge and understanding can aide the counselor in providing a safe and trusting counseling experience. A training manual was developed to provide counselors with information on best practices and treatment considerations when working children who have experienced childhood sexual abuse.

Training Overview

Purpose

In attending this training, attendees will increase their understanding of the impact of trauma on children and learn about approaches that address the needs of each unique client. This training is not meant to provide advanced education or certification in the identified approaches. Rather, this training is meant to provide an overview of evidenced-based interventions that can be utilized with children who have experienced sexual abuse.

Trainer Qualifications

The person giving this training should have a master's in counseling or a related field, appropriate licensure related to their field of study, experience working with children who have been victims of sexual abuse, and advanced knowledge of each of the approaches being discussed.

Length of Training

The approximate length of this training is three hours.

Evaluation

An evaluation is provided in Appendix A, and should be given to attendees upon completion of the training to assess learning outcome

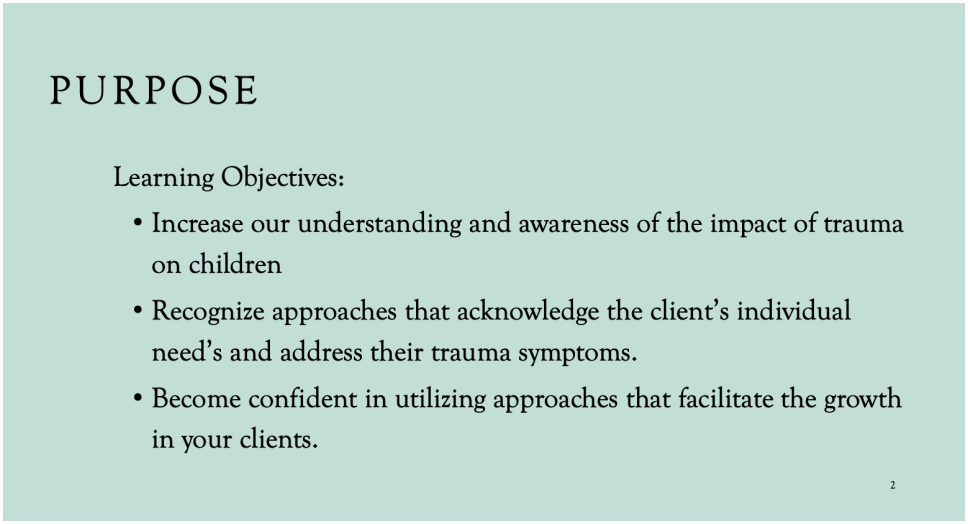
Training

Slide One:

Time: One Minute

Script: Hello and welcome to this training session. Today we are going to be learning about best practices that can be used when working with children who have experienced sexual abuse. Many of you work with clients in a variety of different environments but with today's training, you will have established a knowledge and understanding of different approaches you can use to expand your practice.

Slide Two:



Time: Two minutes

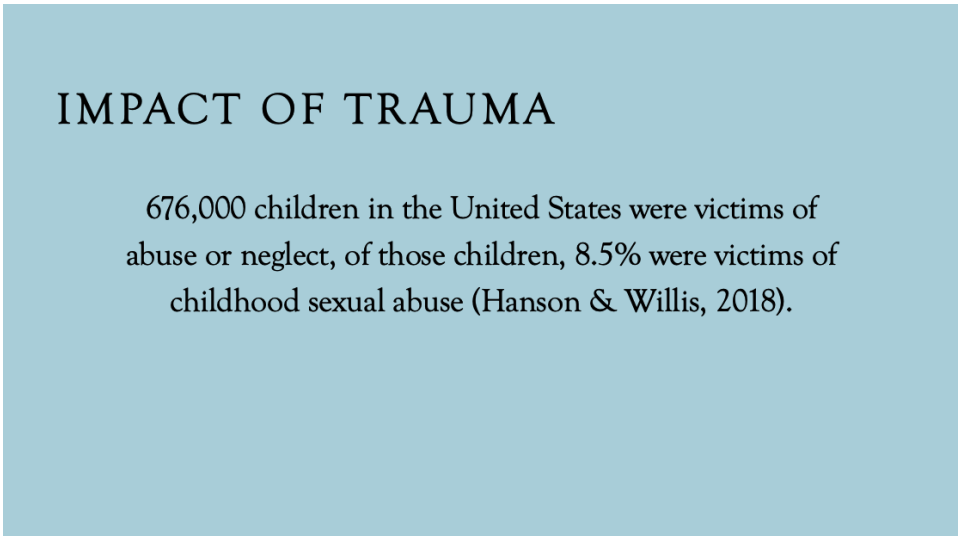
Script: The main purpose of this training is to provide our clients with the best treatment. The desire for competence and confidence in counseling individuals who have been exposed to sexual abuse is what this training is about. When working with a trauma such as sexual abuse, especially with children, we often feel like we are not equipped and educated enough. The purpose is to be informed of trauma-focused approaches that can be used with clients. The learning objectives for today are to increase our understanding and awareness of the impact of trauma. We will also recognize approaches that acknowledge the client's individual needs and address their trauma symptoms. Finally, we will become confident in utilizing approaches that facilitate growth.

Slide Three:

Time: Ten minutes

Script: Before we start discussing best practices that can be used with clients, I want to hear from you all on what you already know about using trauma-focused approaches. Please discuss at your tables before coming back to the larger group.

Slide Four:

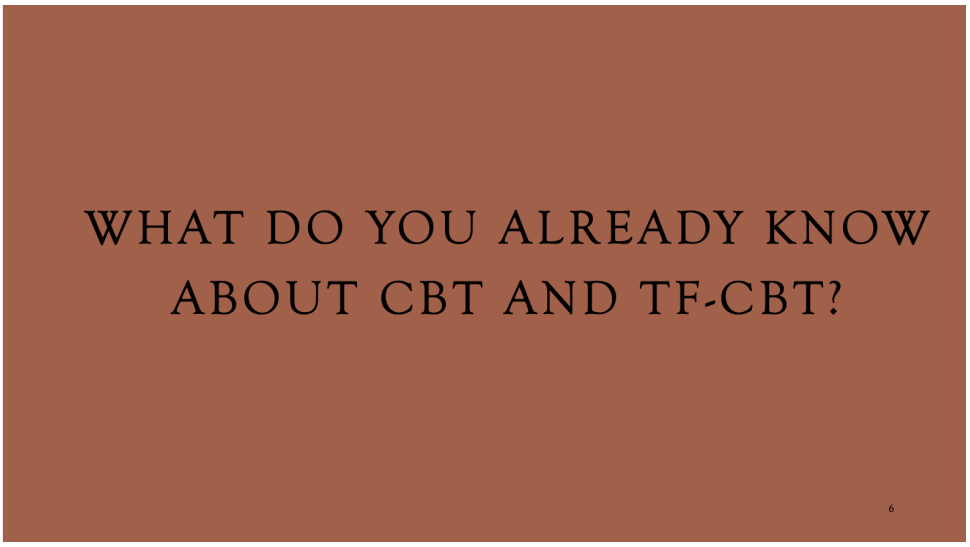


Time: Five minutes

Script: The experience of sexual abuse in childhood can change the way children and young individuals understand the world and how they belong in the world. While there are varying definitions that can be found for childhood sexual abuse, it typically can be defined as any type of completed or attempted sexual act, sexual contact with, or exploitation of a child by an adult figure. Those who experience child sexual abuse can face long-term effects that can negatively impact their lives, hindering their ability to form relationships and develop a sense of belonging. Many survivors of sexual abuse do not realize or process the harm that happened to them and while over 600,000 children have reported abuse in the home, abuse can often go unreported due to a variety of reasons. Understanding the needs of the child and how they respond to their trauma is imperative in reaching positive treatment outcomes. This knowledge and understanding can aide the counselor to in providing a safe and trusting counseling experience for victims of sexual abuse. This training manual was developed to provide counselors with information on

best practices and treatment considerations when working with individuals who have experienced childhood sexual abuse.

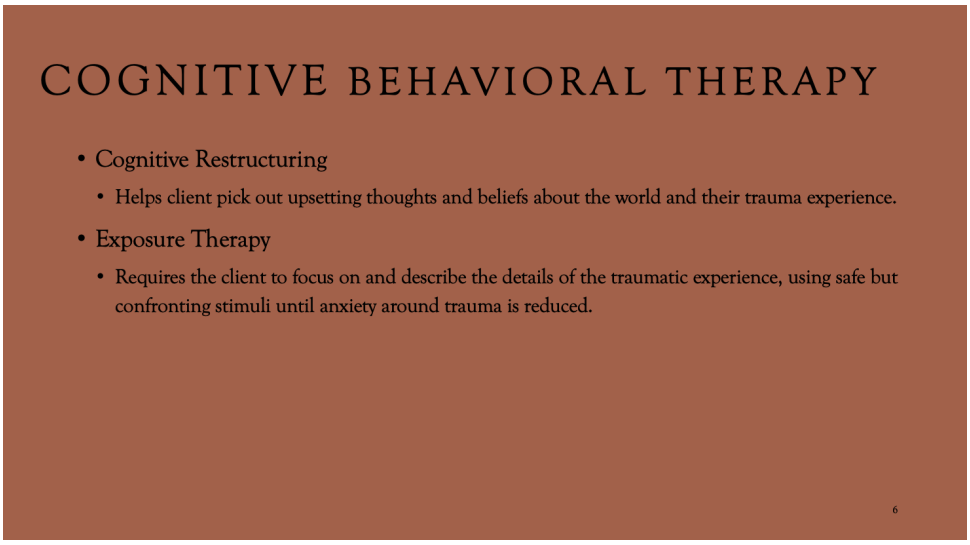
Slide Five:



Time: Ten minutes

Script: Similar to asking about trauma-focused therapy, I want to ask you what you already know about CBT and TF-CBT. There are some individuals here that may already use CBT or TF-CBT in their work today and there may be some that have only had some education on them. Either way, I want you to break off into your groups again and discuss these therapeutic approaches. I will give you five minutes again to discuss this and then we will come back as a large group to hear what you all discussed.

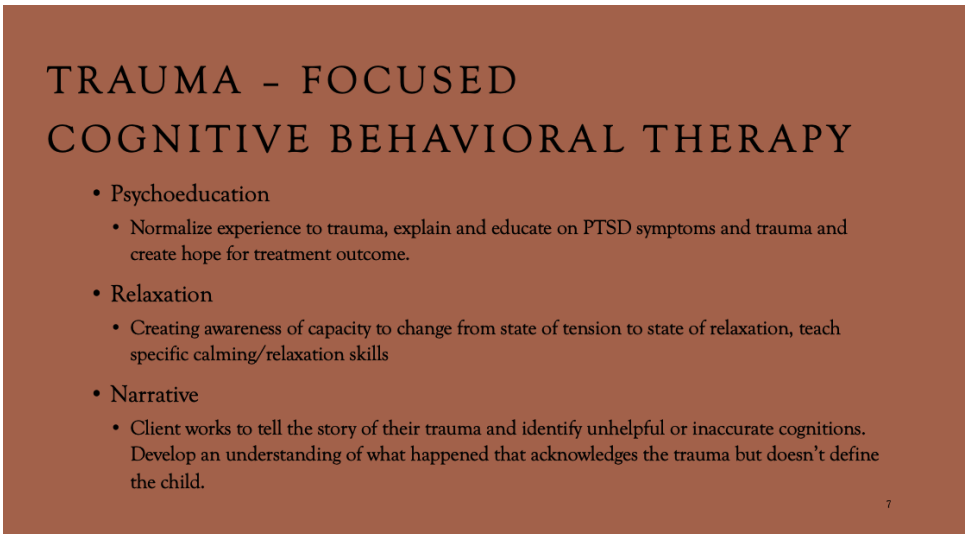
Slide Six:



Time: Five minutes

Script: CBT focuses on problem-solving and action-based solutions. CBT can help an individual understand and challenge unhealthy thought processes and emotions that are impacted due to their trauma. There are a variety of CBT techniques that can be used to tailor treatment to meet the individual's specific needs. One technique that can be used is Cognitive Restructuring. This can used to help explore, challenge, and eventually change negative thought patterns with more positive and healthy ones. Another technique that can be used is Exposure Therapy. Individuals that may be avoiding situations, people, places, or things that remind them of their trauma can benefit from exposure therapy as it slowly introduces and engages the individual to the stress-related stimuli in a safe environment. With this, you can work with the client to learn how to cope with their high stress-levels and eventually lower anxiety levels when confronted with what they used to avoid. Some techniques that I will talk about a little later but are important to note that they are part of the CBT approach. is another technique, like play, helps the child express their emotions and thoughts through art.

Slide Seven:

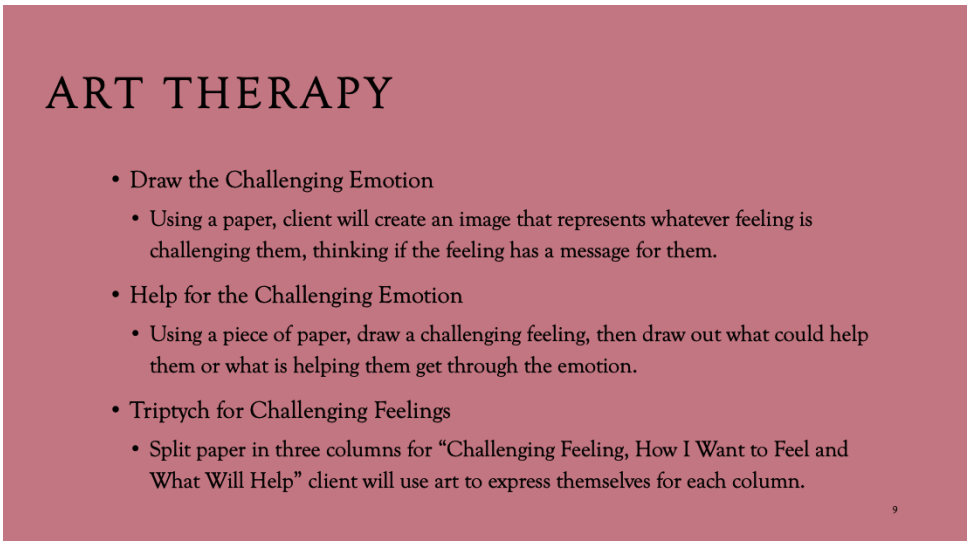


Time: Five minutes

Script: The goals for TF-CBT are that child will learn the relationship between thoughts, feelings, and behaviors. The child will go through psychoeducation on trauma and trauma-related symptoms like PTSD. And finally gain skills that can help them process and work through their trauma without reacting in a way that can negatively impact them. As you progress though the different phases of TF-CBT, the child often becomes more confident in themselves and with expressing what happened to them and how it impacted them. Before they get to this part, as a therapist, you work through different skills and techniques that can equip the child with what they need to process what happened. As mentioned above, psychoeducation on trauma can really help the child start to understand more about what they are going through. Psychoeducation can help educate the client on trauma reminders and common reactions people have to trauma along with normalizing the client's reactions. This helps provide hope. Another important aspect that is addressed with TF-CBT is relaxation skills. Relaxation is an important step in the process as it helps the client use relaxation strategies when they start discussing their trauma and what happened to them. Relaxation can include focused breathing, muscle relaxation or mindfulness

exercises to decrease the reaction to trauma reminders. Another important step, which is usually going to be done when you believe the child is ready to start talking about their trauma without it being a trigger, is the trauma narrative. This is a step in TF-CBT that allows you and the client to work through a detailed narrative of the child's personal trauma experience. It is important to note that as you go through this step, it is imperative to continue checking in with the client and make sure they are in a good place to continue talking about their narrative.

Slide Eight:



Time: Three minutes

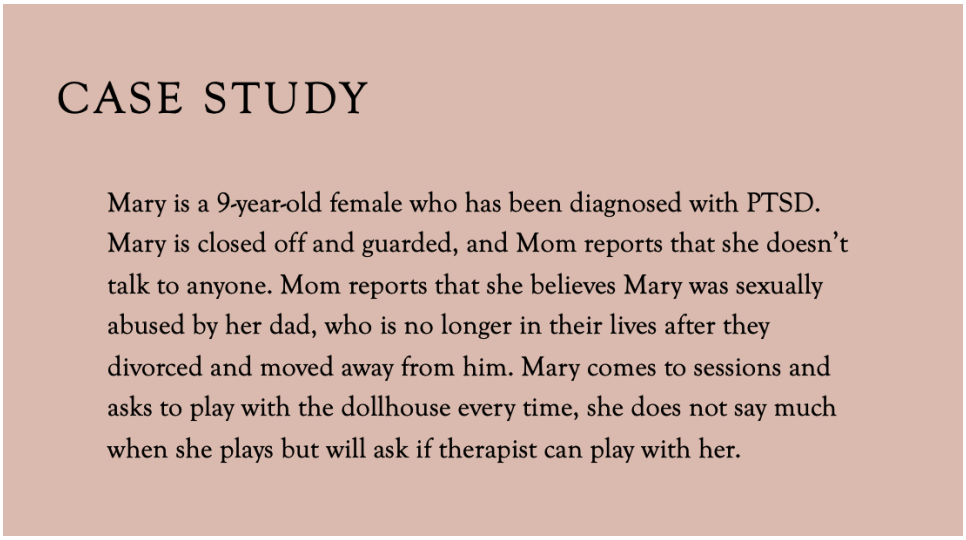
Script: Art therapy is an approach that utilizes the creative process to improve emotional well-being and promote self-expression and growth. It can help clients explore and communicate their thoughts, feelings, and experience with trauma. There are different activities that you can use for this approach. One activity can be drawing the challenging emotion. This would be an activity that guides the client to use art to represent whatever feeling is challenging the client, then asking the client if the emotion is trying to tell them anything. Another activity would be help for the challenging emotion. The client would begin to question what is helping them with that emotion, then drawing what is helping them or what could help them. Another activity could be triptychs for challenging feelings. This would be creating columns that represent "what well help, challenging the feeling, and how I want to feel" In each column, the client would draw, paint, or do whatever they wanted to express each of the responses.

Slide Nine:

Time: Three minutes

Script: Play therapy is an approach that works to help clients process emotions through expressing themselves with play. Children who have been abused might benefit from play therapy to regain a sense of normality in their lives. Techniques for play therapy include toys, games, and storytelling to help the client express themselves. One activity that can be used during play therapy is self-control games, this can help a child learn self-control as well as listening and attention skills. Another activity can be sensory play, this can help the child feel relaxed and in control. Another activity can be doll play, this can work to help them act out scenarios and relationships.

Slide Ten:



Time: Thirty minutes

Script: We are going to work through this case study for the next half hour or so. You will have this time to work with your group to discuss how you might go about session with Mary. What might work best for her? What would you want to be careful of when you are working with her? Is there anything that wouldn't work with her? Discuss this with your group and we will come back in about thirty minutes to discuss as a large group.

Slide Eleven:

Time: One minute plus additional time for discussion (3-10 minutes).

Script: I know that this was a lot of information to learn about and so I want to take the time to reflect and open the discussion to you all. Is there anything that stood out to you the most that you want to use and continue to expand your knowledge on? Is there anything that was discussed that has been something you have used and have found to be helpful? I will open the floor for you.

Slide Twelve:

Time: One minute

Script: As I stated at the beginning of the training was to be better informed of trauma-focused therapy and offer information that better equips therapists to work with children that have experienced childhood sexual abuse. I will know pass out the post-training evaluation (found in Appendix A). It should only take 5-10 minutes to complete.

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Appendix A

Exit Evaluation

1. What is Cognitive Behavioral Therapy?
2. What is Trauma-Focused Cognitive Behavioral Therapy?
3. What is one activity that can be used with Art therapy?
4. What is one step that can be used with TF-CBT?
5. On a scale of 1-5, how beneficial was this training for your role as a mental health therapist?
6. How would like to see this training improved?