

Common issues seen in therapy with abused children

Children that have been physically or sexually abused have some common concerns or issues that are seen in therapy. In addition to mental health issues such as depression, guilt, anger, learned helplessness, these children often have physical complaints associated with being abused. They often have physical problems such as broken bones and internal injuries that require hospitalization. The part of the abuse that is often difficult to see is how the child is affected internally and the resulting emotional problems that ensue.

Common issues seen are:

Enuresis and Encopresis-

Enuresis or the repeated voiding of urine into bed or clothes past the age of five years at least twice a week for three consecutive months or the presence of clinically significant distress in their social, academic, or occupational areas of functioning. Encopresis is the repeated passage of feces into inappropriate places (clothing or floor) whether involuntary or intentional and the event occurs past the age of four years old and the event occurs at least once a month for three months. Encopresis and Enuresis are often related to regressed behavior, anxiety, and erroneous beliefs about their abuse. It is often an attempt on the child's part to make themselves unattractive so the abuse does not continue.

Psychosomatic Complaints-

Often also seen in children that have abused, without the presence of a significant medical problem or injury, they have significant medical complaints. The child will often feel they are "broken" and will complain of a stomach ache, headaches, feeling tired, and general pain all over their body. Especially in children who are younger, children often have difficulty expressing their true feelings, their symptoms of anger, shame, guilt, depression end up manifesting themselves into general physical complaints. Physical symptoms are often much easier to deal with than the abuse and it will help the child get the attention that they are craving.

Emotional symptoms often seen in treatment:

Depression-

Most importantly in therapy with children is to deal with the trauma so their feelings are not repressed. Working with a child who suffers from depression symptoms the therapist will try to get them to identify what feelings they are having and to work through them. Work with the child through play therapy to get them to express their feelings. Most children, especially when they are younger have a difficult time expressing their emotions and play therapy is used to work with the child on their developmental level.

Anxiety-

Children who have been abused often feel that they are going to be hurt or abused again in the future. They often continue to “be on the lookout” for someone to hurt them and they avoid stimuli associated with the abuse, become hypervigilant, and are fearful even when they are not in any kind of danger. The therapist will work with the child by relating the details of the abuse and reassuring them that they are safe. The therapist will most often utilize play therapy in a very structured manner by storytelling, using puppets, and will model assertive behaviors for them. Methods of handling anxiety are modeled by the therapist and include asking others for help when needed and talking about strong emotions without repercussions. Most importantly, reinforce the child’s attempt to discuss and model appropriate coping skills in order for the child to deal with their anxieties.

Lack of Expression or Flattened Affect-

Children who have endured abuse often lack any type of emotional expression and will often appear “numb” to what is going on around them. In therapy, these children have difficulty opening up and are often expressionless. Reasons for their lack of expression may be that the child does not know how to express themselves, the child may feel that there will be repercussions for expressing themselves, and often children are unwilling to acknowledge their often feelings or may not have the verbal skills needed in order to express themselves in therapy.

Guilt, Shame, and Anger-

More often than not the child who has been abused will not want to place responsibility of being abused on their abuser. Children often internalize the blame and have been told repeatedly by the perpetrator that they are the one responsible for the abuse and the child is confused as to who actually is the abused and who is abuser. Perpetrators often have a relationship with a child and reward or punish the child for their silence regarding the abuse. Also, if the child experienced pleasure from the abuse, they will feel guilty and ashamed of what happened. A therapist, in working through these feelings will first discuss the child's relationship with the abuser. Explain to the child that this kind of behavior is harmful to children, educate the child about the "true" responsibility of a parent or an adult in an adult/child relationship, and explain consent to the child.

Self-Esteem issues-

A child's self-esteem or a child's self-worth are always affected by abuse. The child feels unworthy of others attention and "unclean" very often. They now feel inadequate and this translates to their relationships with other children their age and they will often struggle socially due to their poor self-esteem. In working with children who have low self-esteem, therapists need to address issues of being in control of themselves and in situations around them, help them develop their own self-image and concept, educate them about appropriate social skills, and teach them what is an appropriate and inappropriate relationship. Teach them that they do NOT have to be abused to be loved or nurtured. Model appropriate relationships for them and make sure they understand "right" and "wrong" behaviors.

Kara T. Tamanini, M.S., LMHC
Author and Therapist
Founder of Kids Awareness Series
www.KidsAwarenessSeries.com

Kara T. Tamanini is a licensed therapist that works with children/adolescents on a variety of childhood mental disorders.