

# Contextual Analysis on the Intensities of Cognitive Distortions of Children who witnessed Sexual Abuse.

Roseline Florence Gomes\* & Vanhmingliani Hnamte\*\*

\*Lecturer, Dept. of Psychology, Jyoti Nivas College Autonomous, Bangalore

\*\*Lecturer, Dept. of Psychology, Jyoti Nivas College Autonomous, Bangalore

## Abstract

Cognitive distortions are biased perspectives in the form of irrational thoughts and beliefs that is reinforced over time. These thought patterns are difficult to recognize and can cause psychological damage. Child Sexual Abuse revolves around the acts of sexual activity with a minor that includes exhibitionism, fondling, obscene phone calls, intercourse, etc. This may remain harmful to a child's mental, emotional and physical welfare. This study focused on the content analysis of already proposed theory and frameworks of the cognitive inconsistencies of Child Sexual Abuse. The findings suggest that feelings of shame have been an important mediating factor in influencing child's recovery of abuse (Melissa, 2005). There has been a strong relationship between psychopath and risk to re-offend sexually in terms of cognitive distortions (Haldaman, 2012). A meta-analytic review correlated anger and cognitive distortions with violence in violent offenders (Cherechi et.al., 2011). After analyzing the major themes it was also indicated that certain intervention plans can decrease the trigger of these negative thought processes. Trauma Focused interventions can help in understanding the dysfunctional attributions of painful emotions.

*Keywords: Cognitive distortions, Child sexual abuse, Interventions.*

## INTRODUCTION

Cognitive Distortions are biased irrational thoughts or perspectives people have about the environment. It is difficult to recognise and can be self-destructive to one's personality. These patterns of thinking are inaccurate. Aron Beck developed the foundation of Cognitive Behavior Therapy when he found his patients battling with false assumptions and distorted thinking. David Burns gave some cognitive distortions in his book 'Feeling Good Handbook' (1989) and highlighted the importance of the same in day to day activities. A common mental distortion 'all-or-none thinking' manifests an unwillingness to see shades of gray. Two extremities are seen viz. either success or failure. Overgeneralization also leads to negative thought patterns and judgemental behaviour. Mental filter distortion focuses on a single negative factor that leads to a feeling of hopelessness. It is the process of disqualifying the positives with a pattern of 'jumping to conclusions' that finally leads to negative interpretations. It reinforces the 'fortune telling' aspect with little or no evidence. 'Magnification' symbolize catastrophising the event and minimizing the meaning. Acceptance of one's emotions as facts depicts 'emotional reasoning' that extends to 'should statements'. This imposes a lot of expectations in the client that may or may not be fulfilled that results in anger or resentment. The distortion of 'labelling and mislabelling' helps in assigning judgements of value to oneself or others based

on experience. 'Personalization' involves assigning blame to oneself for no logical reason. Owens and Chard (2001) found that sexual abuse survivors focus more on self-blame attributions. Processes of denial, rationalisation and minimization approach were reported among child abuse offenders. The finding that cognitive distortions were seen as a mechanism to deal with anxiety among victims (Butterworth 2007).

Child Sexual Abuse has been recognized internationally as a sociological impact with legal and medical concern. The National Clearinghouse on Child Abuse and Neglect Information (2001) constitutes the actions that affect the victim. It involves fondling, rape, sodomy, exhibitionism, commercial exploitation through prostitution or production of pornographic materials and intercourse. Child victims demonstrate sexual aggression that show up later in adult life. Three risks faced by children living in domestically violent homes are: the risk of observing traumatic events, of being abused and neglected (NCCANI, 2001).

## REVIEW OF LITERATURE

The findings of the study suggested a cognitive behavioral therapy protocol for the treatment of adult survivors of childhood sexual abuse, Cognitive Processing Therapy for Sexual Abuse (CPT-SA). Based on information processing, developmental and self-trauma theories, a 26-session model combined group and individual therapy over a 17-week period. Clients were asked to write about the trauma, and explore adaptive, schema congruent and discrepant beliefs that developed during and after the abuse. Focus was placed on beliefs related to safety, trust, power/control, self-esteem, and intimacy (Chard et al. 1997). Finkelhor and Browne (1985) conceptualised the traumatic impact of child sexual abuse. A framework was proposed for the sequential understanding of the same. Four traumagenic dimensions were identified including traumatic sexualisation, betrayal, stigmatization, and powerlessness. These were helpful in understanding the implications of CSA. Briere and Elliott (2015) findings reflected the impact of CSA like cognitive distortions, emotional pain, avoidance, impaired sense of self and interpersonal difficulties. Resilient child sexual abuse survivors showed cognitive coping and illusion (Melissa Jhimelein & Jo Ann VMcElrath, 1996) Analysis was focused on comparisons between well-adjusted and poorly-adjusted women. The high adjustment group revealed a greater tendency to engage in four types of cognitive strategies: disclosing and discussing CSA, minimization, positive reframing, and refusing to dwell on the experience. The results of both studies highlight the importance of cognitive reappraisal in CSA recovery. Implications for therapists working with CSA survivors are discussed.

## METHODOLOGY

### RESEARCH QUESTIONS

What are the cognitive distortions manifested by survivors of sexual abuse?

What are the intensities of these distortions?

How are the family system represented during and after the time of abuse?

What is the psychological impact of abuse among children?

What are the behavioural patterns of children who faced abuse?

What are the perceptual content or interpretations of victims about the abuse?

## PARADIGMS OF PROCEDURE

The phenomenological approach was used that focused on the theoretical foundations led by previous researches. This study intends to look into the intensities of cognitive distortions that were framed during and after the time of sexual abuse among children. The method adopted was analytical and phenomenological in nature as the data were selected from historical reviews conducted by varied researchers in order to sketch a wide range of perspectives about the cognitive component of belief patterns. This study used non-numerical data and the exploratory approach. It analysed the manifest and latent content of the studies that was already undertaken. A structural analysis was integrated with categorization that related the text elements through data reduction technique by means of coding and thematic organisation. Phenomenology is a philosophy that is concerned with the question of how people make interpretations of the world around them. Thematic analysis was used in this qualitative study. The participants were children who were either survivors or victims of sexual abuse in previous studies. Data was collected through historical contemporary journals, secondary data sources like consensuses, organizational records, monographs (specialised book or article), abstracts of articles, paraphrase of quotations, encyclopaedias, chronologies, etc.

## DISCUSSION

Previous research studies were viewed and structured in the form of analysing the cognitive distortions among children who were victims of CSA. The visual recordings were sequenced into four major themes through the use of coding and categorisation technique. Systematic coding of archival records helped in analysing the inferential processes.

The themes that were highlighted through the process are as follows:

### **THEME1: REPRESENTATIONS OF FAMILY (Affective Component)**

Family plays the main protagonist in terms of comfort and safety but at the same time it reflects violence and results in conflicting relationships among children and members. Dysfunctional social networks with chronic maltreatment from parents were found to be significant (Balon, 2016). Family dysfunction in terms of disturbing relations among caretakers are gradually observed and integrated in the mind of the child. Observations of collusive mother with failure to protect the child's status and dignity often leads to negative judgement of the family institution (Lovett et al., 2018). The finding suggested that family pressures led to

the negation of abuse in the verbatim of the child. These children often deny medical treatment due to avoidance of stigma. Complex familial and social factors influenced the well-being and healing processes of female survivors (Sahay, 2010). There are presence of intra-familial and extra-familial child sexual abuse that promote delirious impacts on victims (Blackmore et al., 2017). McGram (2017) pointed out the patriarchal nature of relations that enhance fear in the children. Increase in father-daughter incest led to depressive delinquent behaviour in the family (Vezina et al., 2013). Level of parental support, parental substance abuse and conflicts is related to adjustment (Klimek et al., 2017). The youngest child reported higher levels of abuse (Carson et al. 2013).

## **THEME 2: PSYCHOLOGICAL IMPACT (Clinical Component)**

The victims had feelings of manipulation, rejection and rebelliousness after the sexual event (Balon, 2016). Severity of psychopathological disorders leads to interpersonal sensitivity with signs of depression and anxiety. Bulimia and Generalised Anxiety Disorder are also common that promote the distortion of generalisation (Klimek et al., 2017). Loss of interest in daily activities with depression and loneliness are also rampant. Psychotic and dissociative factors are correlated with child sexual abuse with symptoms of depersonalisation (Blackmore et al., 2017). In the developmental phase the impact of abuse results in the complexity of psychological sequel. Sexual violence is associated with increased risk of sexual and reproductive health problems like inadvertent pregnancy, HIV and STD's (Rai, 2016). Epidemiological controlled analysis suggested psychiatric disorders in sexually abused females with higher rates of depression, suicidal ideation and attempts, conduct disorder, alcohol and nicotine dependence, social anxiety and divorce. Negative mental health effects are consistently associated with PTSD (Post Traumatic Stress Disorder) symptoms (Canton et al., 2007). Child sexual abuse with penetration also results in psychotic symptoms of Schizophrenia and Delusional symptoms (Joans et al., 2011). Hypothalamic Pituitary Adrenal attenuation, obesity, gastrointestinal and reproductive health problems, pain, cardiopulmonary symptoms, diabetes are related to the abuse (Vezina et al., 2013). Perpetual trauma and shock affected the psychological, physical and social well-being curbing down growth and development (Haider, 2018).

## **THEME 3: BEHAVIORAL PATTERNS (Reaction Patterns)**

The victims refuse to recount and have heavy emotions showed low self image, relationship problems when exposed to traumatic situations (Balon, 2016). There were changes noticed in patterns of coping and attributional styles which further led to stress induced changes in behaviour (Klimel et al., 2017). There was the trauma of 'stranger danger' with constant blaming of the cultural effects on abuse. Quality of health was reported to be low with self-esteem, sexual difficulties and relations (Sahay, 2010). The prevalence and

pattern of abuse was highlighted in watching pornographic pictures, while being forced to look one's genitals, attempt to sexual intercourse, forced to sit on perpetrators lap that led to inability to resist the same in children due to lack of awareness with abuse (Hagag and Hamed, 2012). Negative childhood peer relations with forms of maltreatment heightened the vulnerability in the child (Vezina et al., 2013).

#### **THEME 4: PERCEPTUAL FRAMEWORK (Cognitive Interpretations)**

Sexual assault is related to a man's honour and dignity that promotes the perception of it to be shameful (Hagag and Hamed, 2012). Thoughts of isolation, anger, helplessness, guilt, self-destructive behaviour, sexual maladjustment and tendency towards re-victimisation were found among children (McCram, 2017). Negative schemas about self, pervasive issues around gender and sexuality led to interpersonal difficulties. Traumatic sexualisation where sexuality was distorted were correlated with betrayal, feelings of powerlessness, increased sensitivity, confusion and thoughts of practicing delinquent behaviour (McCram, 2017). Flashbacks or intrusive thoughts were prominent with nightmares and there were thoughts of self-harm. Fear of sexual images being shared online in the future or being filmed led to uncomfortable behaviour patterns (Hamilton et al., 2017). Lack of disclosure, explicit pressure for secrecy and fear of negative consequences altered the child's emotional and affective capacities. It further led to issues with trust and intimacy. Dalenberg (2010) highlighted in the study that it was possible for people to forget and remember traumatic experiences and mechanisms that involved repression. Emotional stress enhances memory and thus traumatic events are rarely forgotten (Mc Nally 200). There is the presence of partial and complete forgetfulness.

#### **SUMMARY OF FINDINGS**

This study aimed at the descriptive analysis of archival records to frame the inferential processes that underlie the interpretation of qualitative data. A relational analysis was done through the content of cognitive distortions. The complex trauma and reaction patterns of CSA survivors were explored. It was found that there is a lack of effort to conceal symptoms by boys to avoid stigma (Pagare 2003). There was the initiation of sexual exploitation. CSA was also categorised as a factor for adjustment problems and it was also noticed that victims who had experienced direct psychological problems in childhood may not exhibit clear symptoms in adulthood (Walsh et al., 2010). Constant contact with the abuser led to fatigue. Axmacher et al., (2010) reflected on 'motivated amnesia' and also the importance of repression. It involved negative emotional reaction that stressed on the voluntary control beyond the individual's capability to cope. Dissociation as a result of trauma impacts self-perceptions, sense of self-connection to the body and memory aspect. Thus there are disturbances in encoding of the memory or subsequent processing and

storage (Silvers et al., 2002). Dissociative detachment at the time of trauma led to inhibition of the emotional processing of the event. Forgetting of abuse is used as an adaptive response to maintain an attachment to caregivers on whom children are reliant (De Prince et al., 2012).

CSA in women resulted in the damage of hippocampus that is responsible for transmitting information to long term memory. This damage took place due to the increase levels of cortisol at the time of abuse. Cognitive distortions also facilitates in keeping away unpleasant memories from awareness (Geraerts 2012). Motivated forgetting resulted in maintaining a sense of well-being. The intensities of these distortions thus paved its way to the recall processes and came out in forms of dreams, repetitive thoughts and images (Malmo & Laidlaw, 2010). Thus memories returned to fragments and overtime got together as a narrative of events.

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