

**SCIENTIFIC
COLLECTION
INTERCONF**



No **103**
April, 2022

THE ISSUE CONTAINS:

Proceedings of the 11th
International Scientific
and Practical Conference

**SCIENTIFIC HORIZON IN THE
CONTEXT OF SOCIAL CRISES**



TOKYO, JAPAN
6-8.04.2022



InterConf
Scientific Publishing Center

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UDC 001.1

S 40 *Scientific Collection «InterConf»*, (103): with the Proceedings of the 11th International Scientific and Practical Conference «Scientific Horizon in The Context of Social Crises» (April 6-8, 2022). Tokyo, Japan: Otsuki Press, 2022. 318 p.

ISBN 978-4-272-00922-0


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The recommended styles of citation:

1. Surname N. (2022). Title of article or abstract. *Scientific Collection «InterConf»*, (103): with the Proceedings of the 11th International Scientific and Practical Conference «Scientific Horizon in The Context of Social Crises» (April 6-8, 2022). Tokyo, Japan; pp. 21-27. Available at: [https://interconf.top/...](https://interconf.top/)
2. Surname N. (2022). Title of article or abstract. *InterConf*, (103), 21-27. Retrieved from [https://interconf.top/...](https://interconf.top/)

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SOCIOLOGY AND SOCIAL WORK

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PSYCHOTHERAPY OF SEXUAL ABUSE AND VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

***Abstract.** On average, 18% of girls and 8% of boys worldwide are sexually abused. This is a serious violation of the rights of the child and a global social and medical problem. According to research, most cases of sexual violence remain unsolved. An important role in identifying cases of sexual violence and exploitation and ensuring children's access to protection and rehabilitation is played by specialists working with children in various fields - in education, healthcare, social protection, guardianship and guardianship, internal affairs, and socially-oriented NGOs. To date, not a single methodological manual has been published that comprehensively covers the problem of sexual violence and exploitation of children, as well as issues of interaction between specialists representing various disciplines in the course of providing assistance to an injured child.*

The purpose of this article is to provide specialists with an up-to-date source of knowledge about the problem of sexual violence and exploitation of children.

In all therapeutic measures, it is necessary to take into account both the specific situation and the consequences of sexual abuse. Psychotherapeutic measures are constantly integrated into a general therapy plan that covers all victims and all authorities dealing with this case (for example, adolescent services, courts, clinics, etc.). Thus, the intervention is not limited to psychotherapy in a narrow sense, but is complex. Emergency care and indications for further therapy of sexual abuse and violence, First you need to get an idea of the type and extent of sexual abuse and assess the degree of danger threatening the child. Therefore, it is first recommended to normalize the situation by isolating the child from the person who commits violence. Sometimes this requires the help of lawyers. At the next stage, it is necessary to establish indications for further measures. At the same time, there are (according to Furniss) three types of intervention.

1. Punishment of the perpetrator of sexual abuse. The person who committed the abuse must be convicted. If such a person is the head of the family, then his imprisonment for a long time can have serious economic consequences for all family members.
2. Measures for the primary protection of the child. They provide for the protection of the child from the family, which is often expressed in the accusation of both parents, and not just the one who allowed the abuse. At the same time, the child is often isolated from the parent with whom he has a good relationship. As a result of the isolation of the child from the family, parents are often distracted from their own problems and they have a new solidarity on the basis of the "struggle for the child". In addition, the child may consider himself guilty of separation from the family.
3. Primary therapeutic intervention. As with the isolation of the child from the family, and

without such isolation, therapeutic intervention should lead to normalization of the situation in the family. The main steps of this process are given below (Furniss).

Therapeutic intervention in cases of sexual violence in the family against children (according to Furniss): 1. Termination of illegal actions 2. Recognition of the father's own guilt and assumption of paternal responsibility 3. Both parents assume equal responsibility for the general well-being of the child. The boundaries between generations are being restored 4. Establishing relations between mother and daughter. Problem: emotional distance between mother and child. Disappointment of the child and rivalry with the mother 5. Working with emotional-sexual partner conflict: sexual conflict is combined with emotional immaturity and dependence 6. Establishing a relationship between father and daughter. The problem: the feelings of the child — hatred, love, powerlessness and power; jealousy of the father and the need for control As you can see, the therapeutic process proceeds in six stages. At the first stage, the impact is aimed at preventing further illegal actions. This is usually impossible without separating the child from the abuser (in this case, we are talking about the father). At the second stage of treatment, the father must admit his guilt and take responsibility for the child. This is the only way to reconstruct the image of the father. At the third stage, both parents are required to take responsibility for the upbringing and care of the child. Thus, it is confirmed that both parents want to take care of their child, including the one who allowed abuse. This joint responsibility does not in any way contradict the fact that the father "for reasons of protection or safety" of the child leaves the family for some time and lives elsewhere. At the fourth stage, an attempt is made to normalize the mother's relationship with the child, since often the child is clearly disappointed that the mother could not protect him from sexual abuse. The next goal is to use a good trusting relationship between mother and child in the future to prevent new acts of sexual abuse: with a stable trusting attitude towards the mother, the child will be able to seek protection from the mother in case of danger of a new episode [1].

At the fifth stage, the therapeutic effect is directed to emotional and sexual partner conflicts, often present in parents. As a rule, immediately after the fact of sexual abuse becomes known, the roles of parents and partners are mixed. Acute decompensations are often observed in both parents, for example, in a parent who committed violence, suicidal attempts, alcoholic excesses or flight from the family are possible, and the other parent has an intention to divorce or separate. Thus, at first it is necessary to overcome this acute phase in order to be able to approach deep partner conflicts, which are often the cause of sexual abuse of children. Only at the sixth and last stage, the central theme in the work is the relationship between the parent who committed the abuse (most often the father) and the child who is the object of abuse. The processing of these relationships is especially important because they are of exceptional importance for the psychosexual development of a child who has been harassed. If it is not possible to consolidate his relationship with the parent who committed violence, then there are dangers for subsequent sexual development, whether it is unsatisfactory sexual contacts or prostitution. Sexual abuse of boys threatens similar consequences [2]. If, due to some circumstances, primary therapeutic intervention is not possible in this case and other measures have already been taken (for example, penalties or measures to protect the child), then opportunities for such intervention can be found at each of the subsequent stages. We must strive for this. If the focus of the impact is on the family, this does not mean that individual work with a child who has been abused (individually or in a group) is less important. It is of exceptional

importance and begins, as a rule, in the form of individual psychotherapy, but can be continued — depending on the age of the child — and in a small group of the same affected children. As a rule, it is recommended to start working with the child individually, and depending on the age of the child, auxiliary means can be used, for example, appropriate dolls and play materials. The verbal approach is already working well with school-age children. The therapeutic goals in both cases are (Flirnis):

- helping the child to talk about sexual violence;
 - providing information about the anatomy of the genitals and sexual development;
 - helping to build adequate self-esteem;
 - helping to develop independence and the ability to make decisions; thus, the feeling of helplessness, often characteristic of the child, should be overcome. sexually abused.
- Individual therapy should be different depending on the form and duration of sexual violence and related circumstances [3]. The following measures are effective and expedient (Engfer, Remschmidt):
1. Elimination of guilt in the child: he should not have the feeling that he is responsible for incest and the possible disintegration of the family.
 2. Separation of the perpetrator and the victim: as a rule, either the perpetrator (most often the father) or the child must leave the family. This is the only way to avoid a repetition of the episode of violence.
 3. Creating a trusting relationship with a therapist as the basis for any subsequent form of adequate relationships with adults. In addition, it serves as a basis for any treatment.
 4. Sexual education and preparation for responsible actions. This task is particularly difficult because of the traumatic past experience of the child, but it should be carried out at the later stages of therapy in order to make adequate sexual relations possible in the future.
 5. Detailed discussion of the problems of autonomy. We are talking about self-control, external control, self-assessment, evaluation by others, their own needs and contacts[4].
- Psychotherapeutic work with a person who has committed a sexual crime, individual therapy is also shown in many cases, especially in the presence of psychopathological symptoms, personality disorders and insufficient socialization. According to the review by Marshall and co. (Marshall et al.), extensive cognitive behavioral therapy programs are most effective for pedophiles, incest-prone individuals, and exhibitionists (but not for rapists), and in some cases antiandrogenic drugs are additionally used. Family therapy measures for sexual abuse and violence It seems indisputable that sexual abuse and violence are often the result of a long-term communication disorder in the family. Therefore, therapy is aimed at restructuring the family, taking into account the following aspects:
- eliminating the boundaries between the family and the outside world, which are usually very rigid;
 - strengthening the self-separation and self-determination of individual family members;
 - explaining the reasons that caused sexual abuse towards the child;
 - individual treatment of the child, and if possible, the person who committed the crime;
 - clarification of the question whether reconstruction of intra-family relations is possible after adequate therapy. To achieve these goals, there are methods that an experienced

therapist can use with some flexibility, but in inexperienced hands can lead to an escalation of family conflict. Legal interventions. The experience of different countries has shown that it is impossible to correct a criminal by punishing him alone. Therefore, the principle of "therapy instead of punishment" was formulated. However, in many cases, this principle cannot be followed due to the severity of ill-treatment, the tendency to relapse and evasion of treatment. As the example of the USA has shown, it is necessary to combine the obligation of citizens to report the facts of sexual violence in the family with the obligation of treatment. How these issues are regulated in German legislation can be found in Marquardt's monograph (Marquardt).

Sexual violence is a traumatic event, with a high degree of probability leading to the appearance of symptoms of PTSD: obsessive mental activity associated with trauma, avoidance symptoms and high physiological reactivity. The presented work reflects the main point of psychological rehabilitation of victims of sexual violence, which consists in the fact that the removal of bodily stresses in combination with the visualization of internal images at the beginning of the rehabilitation process significantly accelerates the process of emotional elaboration and rethinking of the mental trauma received. This work describes the rehabilitation process within the framework of gestalt therapy involving elements of a body-oriented approach and Erickson hypnosis [5].

The traumatic situation is reflected at all levels of human functioning: physiological, emotional, social. At the physiological level, various bodily stresses and reactions are noted; at the emotional level, fixation on negative emotions associated with the trauma situation; at the cognitive level, the inability to rethink and integrate traumatic experience with other life events; at the social level, difficulties in adapting to the outside world after experiencing a traumatic situation. Thus, when working with victims, it is necessary to take into account all aspects of traumatization.

The bodily reactions of people with PTSD to certain physical and emotional stimuli occur in such a form as if they are still under serious threat; hypersensitivity, exaggerated reaction to unexpected stimuli, and the inability to relax are noted. One of the consequences of hyperexcitation is the generalization of the expected threat, the world becomes an unsafe place. Working with the body makes it possible not only to ease muscle tension, but also to actualize (realize, present) emotions, especially difficult to manifest after experiencing a mental trauma.

A person who has experienced a mental trauma becomes "emotionally dependent" on what happened, and this does not allow the victim to independently work out the trauma at the emotional and semantic levels. "Emotional dependence" manifests itself in two aspects: firstly, it is a fixation on emotions related to or arising from psychological trauma; secondly, it is an attempt to rethink the trauma independently, and hence a constant return to this traumatic situation, which as a result creates a "secondary traumatization", fixation on trauma. It should be noted that emotional fixation occurs both on negative emotions directly related to the traumatic situation, and on emotions that arose against the background of trauma. What is meant here is that the traumatic situation itself causes, as a rule, emotions such as fear, anger; then negative emotional experiences appear that are not directly related to the trauma situation, but have arisen against its background, for example, guilt, depression. Thus, there is an aggravation of the negative emotional state of the victim, distortion of perception of the real world, narrowing of consciousness. People with PTSD have a impaired ability to integrate traumatic

experiences with other life events, to existentially rethink this experience in the context of attitudes to life in general. Traumatic memories remain not integrated into the cognitive scheme of the individual and practically do not undergo changes over time: the victims remain "frozen" in the trauma as in an actual experience instead of accepting it as something belonging to the past. Difficulties in rethinking traumatic experiences, in turn, create a problem of adaptation to the outside world, which can manifest itself in: increased anxiety; depression; the appearance of suicidal thoughts or attempts; drug, alcohol or drug addiction; in the phenomenon of "revictimization", etc[6]. The method of psychological rehabilitation of victims proposed in this work is based on a consistent study of the existing violations of each level of human functioning: physical, emotional, cognitive. Such an integrated approach to psychological rehabilitation makes it possible to weaken muscle and emotional tension in a short time, activate an individual's internal resource, and provide a basis for integration and rethinking of traumatic experience. Thus, external stimulation of the process of experiencing trauma is performed, i.e. stimulating the change of one stage to another, bringing the victim to the final stage – the stage of constructive conflict resolution and acceptance of traumatic experience. 2. The structure of the rehabilitation process

Stage 1 – removal of muscle and emotional tension, activation of internal resources.

Stage 2 – elaboration of personal difficulties that have arisen against the background of a traumatic situation, which contributes to the integration and rethinking of traumatic experience.

Such a division of the rehabilitation process into stages is conditional, since the personal difficulties of the victims and the inability to rethink the traumatic experience are closely interrelated with internal stress; however, working with the bodily and emotional spheres at stage 1, which allows to relieve intense internal tension, increases the effectiveness of the process of rethinking and integrating the traumatic experience at stage 2.

In other words, the process of rethinking and dealing with personal difficulties without addressing the physical and emotional sphere of a person after experiencing a mental trauma is simply impossible. The rehabilitation process at the first stage includes a series of consistently performed exercises with the common goal of creating a basis for rethinking the traumatic experience of victims through the bodily and emotional spheres[7].

Exercise 1 ("grounding")

The purpose of the exercise is the distribution of energy in the body, the release of feelings.

Carrying out the exercise: the client lies on the floor on his back, legs and arms should be slightly apart, while the hands are turned palms up (star pose). Having put the client in the "star pose", the therapist performs "grounding", leaning his palms first to the feet, and then to the chest of the client (about 1-2 minutes are spent on each bodily zone). Performing this exercise, it is necessary to constantly monitor various bodily reactions of the client, ask about emerging sensations, feelings. Most often, you can observe various bodily reactions and sensations in response to "grounding", which allows you to identify the most clamped bodily zones (for example, in the case of sexual violence, the most clamped bodily zone is more often the groin area). Thus, the process of the client's awareness of his body is carried out, which contributes to the release of feelings and sets the vector of cognitive processing of traumatic experience.

Exercise 2 ("blurting out control")

The purpose of the exercise is the release of feelings, the weakening of the rational component in the sensory sphere.

Conducting the exercise: the client lies in the star pose, the therapist sits at the head of the client and slowly moves his head from side to side with his hands, simultaneously clarifying the situation of the client's rape and his feelings (i.e., the therapist travels with the client into a situation of violence, focusing the client's attention on his feelings arising "here and now"). During the performance of this exercise, intense feelings associated with the trauma situation (pain, shame, bitterness, resentment, etc.) may manifest. Awareness of these feelings and the immediate emotional reaction that occurs here weaken emotional and bodily tension[8].

It should be noted that carrying out this exercise requires special support from the client, its acceptance by the therapist. Support can be expressed in sympathy with the client, attracting the therapist's own life experience (this gives the client the necessary confidence in the naturalness of his feelings, weakens the feeling of loneliness and isolation, gives the therapist and client a sense of intimacy).

Exercise 3 ("visualization of internal images")

The purpose of the exercise is the actualization of personal meanings associated with a traumatic situation, activation of the client's internal resource.

Conducting the exercise: the client lies in the star pose; the therapist encourages the client to concentrate on his feelings and feelings, and then "see" the image associated with these feelings. Since feelings related to the trauma experienced are primarily manifested, then, accordingly, the images that appear are also directly related to the traumatic event (for example, a stone; something black spilled in the head; a cactus with large needles, etc.).

These images are quite difficult for the client to perceive, therefore, in contrast to this image, the therapist asks the client to "see" the image of his happiness, dreams, in general, something opposite to the first image of trauma (for example, a smiling hedgehog, blue sky, sun, etc.) - this is the image of the client's internal resource.

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SCIENTIFIC EDITION

BN 978-4-272009-22



9 784272 009220

SCIENTIFIC COLLECTION «INTERCONF»

№ 103 | April, 2022

The issue contains:

Proceedings of the 11th International
Scientific and Practical Conference

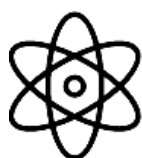
SCIENTIFIC HORIZON IN THE CONTEXT OF SOCIAL CRISES

TOKYO, JAPAN
6-8.04.2022

Published online: April 8, 2022
Printed: December 30, 2022. Circulation: 200 copies.

Contacts of the editorial office:

Scientific Publishing Center «InterConf»
E-mail: info@interconf.top
URL: <https://www.interconf.top>



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