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Efficacy Of REBT-Based Intervention On Mental Health Disorders In Adolescent Survivors Of CSA

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ABSTRACT

Child Sexual Abuse is one of the most pervasive social issues that have a long-term negative impact on the survivors. Besides damaging the child's physical health, it has a long-term negative impact on the child's mental health. An activating event leads to irrational beliefs taking strong roots, which has been linked to the development of long-term mental health issues in adults and children equally. This can have a negative impact on their ability to function normally. The study of cognitive psychology focuses on the human mind and how it makes sense of the information it receives (input) and formulates answers (output)(Anderson,2000). Mental health disorders can be alleviated through the use of REBT-based intervention, which identifies and rationalizes irrational thoughts. The primary objective of the study has been to understand the efficacy of an REBT-based intervention in improving the mental health of CSA survivors. Two Scales (Kutcher Adolescent Depression Scale-KADS) and Spence's Children Anxiety Scale-SCAS) were used to check depression and anxiety among female adolescents falling in the age group of 12-18.The REBT-based intervention was administered to 30 children, randomly assigned into 2 groups and a pre-post design was done on the sample. The results show that REBT has helped in improving the symptoms of Depression and Anxiety in these children. However, there are many gaps that have been identified such as the sample size being extremely small because of the time limitation. Since the study was only conducted at one institution, it is challenging to extrapolate the findings to the wider public. The study can be taken ahead further and a mixed method can be used to validate the study even further. These replies (outputs) may then affect incoming information.

KEY WORDS: Child Sexual Abuse, Mental Health, Adolescents, REBT.

INTRODUCTION

Abuse of children sexually has long been a tragic reality in our society. For a society to grow and function well, it must prioritize creating a safe environment for its people. The destiny of a society lies with its children, the future citizens. The lack of sex education, lack of knowledge on legal implications, and unawareness of the physical and mental aftermath abuse create in victims, are one of the primary causes of CSA. Since children are defenceless, innocent, and vulnerable, they are easily targeted by the perpetrators. A condition called paedophilia among adults is another cause of CSA(Freund and Kuban,1994). Treatment and therapy for Paedophilia is becoming increasingly prevalent in an Indian setting. However, the physical and mental consequences of abuse are frequently gone unseen.

The child is helped to recover from the aftermath as rapidly as possible with the correct action at the right time, including legal assistance, medical care, and psychological assistance.

As a result of trauma, many people suffer from long-term mental health difficulties which when delayed without the right intervention, later on can lead to further damage. An investigation conducted by Molnar, Buka, and Kessler (2001) found a link between child sexual abuse and subsequent psychopathology: results from the National Comorbidity Survey, accounting for other childhood hardships, the type of abuse experienced, and the length of time the abuse was sustained. Adversities in early life have been linked to an increased risk of developing mental health problems such as depression, anxiety, and substance abuse in both men and women. However, sexual abuse, regardless of whether it occurs alone or as part of a wider adversity cluster, is connected with a significant risk of developing a mental illness in the future.

A study on Child Sexual Abuse and Adult Mental Health in Life by Paul E Mullen, Judy L Martin, Jessie. Anderson, Sarah E Romans and G. Peterherbison (1993) found a positive correlation between reporting abuse and psychopathology on the higher side on a range of measures group. It was discovered that women whose childhoods had been disrupted, as well as those who had been subjected to ineffective parenting or physical abuse, were more likely to have experienced childhood sexual abuse.

Studies show that CSA is linked to a wide range of long-term negative outcomes, and mental health problems like depression, anxiety, and personality disorders, sexual problems (intimacy and trust issues), and problems with self-esteem (e.g. relationship problems), and intra- and interpersonal problems (Dolan & Whitworth, 2013; Fergusson, Boden & Horwood, 2008; Hodges & Myers, 2010; Mathews, Abrahams & Jewkes, 2013; Singh, Parsekar & Nair, 2014)

Emotional disturbances arise from faulty thinking about events rather than from the events themselves, according to REBT.Many mental and non-mental health professionals are turning to rational emotive behaviour therapy (REBT) when it comes to treating children and adolescents who are suffering from mental health issues. As a way of helping children and adolescents achieve better behavioural control and mental well-being, cognitive meditational therapy employs a wide range of techniques (Durlak et al., 1991).

Rigid and absolute beliefs (such as "musts," "oughts") and their derivations (such as "awfulizing") are at the core of faulty thinking, according to REBT.A person's irrational thinking is considered so because it is antiempirical and illogical, self-defeating, and ultimately leads to a person's emotional turmoil

There are a variety of psychological and social consequences in children who have been sexually abused, including depressive symptoms. The psychological and emotional consequences of being a victim of sexual abuse as a child must be addressed. Dhamayanti.M, Noviandhari. A, Masdiani. N, conducted a study among Kenyan Adolescent survivors of CSA, where depressive symptoms were found in 14.6% of children under 16 who had been sexually abused in the month following the abuse, while 85.4% had symptoms that were moderate to severe.

Adolescents with a history of childhood abuse were more likely to suffer from depression. There was a strong link between depression and all aspects of child abuse.A study by Erica L. Weiss, M.D., James G. Longhurst, M.D., and Carolyn M. Mazure, Ph.D showed that children who are sexually abused in their childhood, are more likely to develop adult-onset depression than those who are not. Early stressors have been shown to produce long-term HP AHypothalamic–pituitary–adrenalaxis dysregulation similar to that seen in depressed patients and this dysregulation results in a different response to stressors as an adult.

Survivors may have a hard time imagining the abuse outside of themselves, which can lead to negative self-images.Children who have been sexually abused may develop feelings of worthlessness and social withdrawal as a result of years of negative self-talk. A study byRatican (1992) showed that Suicidal ideation, sleep and eating irregularities, and suicidal thoughts are all symptoms of post-traumatic stress disorder (PTSD). The symptoms from PTSD is very similar to that of depression and vice versa.

The current study aims at testing the efficacy of REBT-based intervention on survivors of CSA identified with Depression and Anxiety. The survivors are from a childcare institution in New Delhi. Adolescent survivors of CSA falling in the age group of 12-18 were selected through purposive sampling. They were further divided into an experimental and control group through random sampling.

OBJECTIVES

1. To measure the efficacy of REBT Based intervention on the mental health of adolescent survivors of CSA.
2. To measure the symptoms of Depression and Anxiety through apre-post-test research design.

HYPOTHESIS

1. Null hypothesis:
   *REBT-based intervention does not improve the mental health of adolescent survivors.

   *The symptoms of Depression do not reduce through REBT-based intervention.

   * The symptoms of Anxiety do not reduce through REBT-based intervention.

RESEARCH METHODOLOGY

As part of the research, the researcher has been associated with a few NGOs and organizations that worked closely with Adolescent survivors of CSA. For this particular study, the researcher selected 32 adolescents through purposive sampling and rescued them from various difficult backgrounds, who were registered under the POCSO (Protection of Child against Sexual Offences). These children were from an institution associated with CHILDLINE INDIA 1098, based out of Delhi (Prayas Juvenille Home, Saket, New Delhi).

Some of the inclusion criteria were:

1. The Abuse must have happened in the past year's timeline.

2. The survivors must have not been introduced to any kind of psychotherapeutic or pharmaceutical intervention.

3. Children have basic reading and writing skills in Hindi/English

4.Children who are going to be in the institution for the long term.

Some of the exclusion criteria are as mentioned below;

1. Children with other psychological (Neurotic and psychotic) comorbidities were excluded from the study.
2. Children with developmental disorders were excluded (Autism, Mental Retardation).
3. Children who come for a short-term stay.

Kutcher's Adolescent Depression Scale and Spence's Children's Anxiety scale were administered to the survivors. The study commenced after the researcher fulfilled the criteria to conduct the study as well as after receiving permission from the authorities. The children were assigned toa control group and an experimental group through random sampling.

The 16-item KADS was developed in accordance with these recommendations and in light of the limitations of commonly used self-report instruments when used with adolescents. The 11-item KADS was used in this particular study. Adolescent depression is addressed by items that focus on the most common symptoms and are described in both standard and colloquial terms, and items measure the frequency of occurrence or severity of these symptoms (11 items).The authors believe that the KADS will accurately screen for depression in adolescents, with clinically acceptable sensitivity and specificity, by focusing on the core symptoms of depression.

For children between the age group of 8-12, the SCAS asks them to answer 38 questions about their anxiety symptoms (Spence, 1997, 1998). The SCAS items are a reflection of the main DSM-IV anxiety symptoms disorders that may occur in children including separation anxiety, social phobia, obsessive-compulsive disorder, panic/ agoraphobia, physical injury fears, and generalized anxiety disorder.

Relapses into negative emotions and behaviors can be traced back to the development of irrational beliefs, according to the REBT's school of thought. These factors contribute to the development of more severe forms of mental illness. It's important to note that the items on these scales are all derived from the symptoms described in accordance with the DSM criteria for various mental health disorders. In total, the children received 14 sessions over the course of 14-16 days.

Every session begins with explaining the purpose and objective of the study, followed by administering the scales to the children. After scoring both scales, children were randomly assigned to different groups. This is followed by establishing rapport and engaging with the children through various planned activities and games that brought out their irrational thoughts. The sessions proceeded to work on identifying each participant's irrational thoughts one by one in an effort to lessen their intensity followed by the next 8-9 sessions of rationalizing these irrational thoughts. During these sessions, homework sheets and assignments were given to the students, as well as the opportunity to work in pairs and share irrational thoughts and attitudes. By the 11^{th} session,the researcher began to conclude the session. The end sessions started off with reiterating on how to stick to the already formed rational beliefs, identifying one's own irrational thoughts and slowly working on converting them to rational thoughts.

TABLE 0.1 Shows the details of the sessions administered to these adolescents.

SESSION 1	• Discuss the purpose and objective of the study. • Researchers Introduction. • Administering the scales KADS and SCAS • Answering the queries from the child • Commencement of Rapport Building
SESSION 2	• Rapport Building through games • Abuse inquiry (Does not include any detailed description of the incident. It was left to the survivors to choose if they would like to discuss the incident in detail or not)
SESSION 3	• Eliciting irrational thoughts through games.

	Examples: **Inner Outer Me** Write on the outside of the envelope words or phrases that describe how they appear to others. Then ask them to write on the strips of paper words or phrases they think describe themselves but that they do not readily share with others, and put these on the inside of the envelope. **Writing Activities** Written analyses of songs the clients think describe their circumstances; and original stories or poems that describe how they are thinking, feeling, and behaving.
SESSION 4	• Eliciting Irrational Thoughts Through Games continued Examples: **Feeling flashcards** Put feeling words on flashcards, and have clients define or act out thewords described on the cards. **Feeling chart** Featuring pictures of feelings and feeling words
SESSION 5	• Challenging and disputing the irrational thoughts through activities: For example; **Priya Prerna** Have thechild tell her she is her best friend and what would she tell her friend who is sobbing and always worried and self-downing herself. **Blow the Balloon (exaggeration)** Try exaggerating the situation to tell the child on how we tend to hype a small thing into bigger things and make it look very big. • Checking the homework and assignment.
SESSION 6-10	• Continuing with the Disputing the irrational thoughts and fears.
SESSION 11	• Beginning of the termination of the sessions
SESSION 12-14	• Concluding the sessions with Feedback and Assignments

	• Administering the scale for post-test • Feedback from authority.

RESULTS AND DISCUSSION

A pre-post design is commonly used when an intervention is applied at some point between the two points of time. No matter what type of study is conducted, whether or not a change is attributable to an intervention depends on whether or not relevant covariates and confounds have been adequately controlled. This includes having a control group; conducting an experiment; or a quasi-experiment.(Fisher, 1935; Rubin, 1974; Shadish et al., 2002; Pearl, 2009; Mayer et al., 2016).The study has shown many insightful results. Paired sample T-test was conducted on the samples to check if there is any significant difference between pre and post test of the control group and experimental group after the intervention was administered.

Table 0.2 Paired sample statistics with control and experimental groups (KADS)

		Mean	N	Std. Deviation	Std Error Mean
Control	Pre-test	9.80	15	1.568	.405
	Post Test	9.8000	15	1.56753	.40473
Experimental	Pre-test	9.27	15	1.580	.408
	Post-test	5.3333	15	1.39728	.36078

A paired sample t test(Table 0.2 and Table0.3) was conducted to evaluate the impact of REBT based intervention on adolescent survivors of CSA. The results show no significant difference in the control group the scores being Pre-Test(M=9.80 SD=1.56) Post-Test (M=9.8, SD=1.56), The mean difference (Table 0.3) remains at t=.000 p>0.05, and it shows there hasn't been any significant change in the score, where as the results from the experimental group shows a significant difference in the decrease in score where in pretest (M=9.27, SD=1.58) and Post-test (M=5.33 SD= 1.39). The mean difference is t=3.933, and p<0.05 with a 95% Confidence interval mean ranging from 3.289-4.578.

Table 0.3 Paired sample T-testwith Control and Experimental Groups (KADS)

				PAIRED DIFFERENCE					
		mean	Std Dev	Std Error for Mean	95%CI Interval diff Lower	Upper	t	df	Sig 2 tailed
Control	Pre-Post	.00000	1.25357	.32367	-.69420	.69420	.000	14	1.000
Experimental	Pre-Post	3.93333	1.16292	.30026	3.28933	4.57734	13.100	14	0.000

Table 0.4 Paired sample statistics with control and experimental groups (SCAS)

		Mean	N	Std.Deviation	Std. Error Mean
Control	Pre Test	39.07	15	7.932	2.048
	Post Test	37.7333	15	7.17602	1.85284
Experimental	Pre Test	41.07	15	9.655	2.493
	Post Test	32.4667	15	8.60122	2.22082

A Paired sample t-test (Table 0.4 and Table 0.5) was conducted to check if there is any significant difference in the level of anxiety in both control and experimental group where in the experimental group was given REBT-based intervention. The result show difference in the means in the pre post test in the control group where Pre-test (M=39.07, SD=7.932), and Post-Test (M=37.73, SD=7.17) with the mean difference is t=1.33 p..055. This shows there is only negligible difference between the pre and post-test scores. The results from the Pre and post test of experimental group are Pre test (M=41.07 SD=9.65) Post Test (M=32.466 SD=8.60) where the mean decrease is t=8.60 and p<0.05 with a 95% CI ranging from 6.45-10.74.

Table 0.5 Paired sample t-test with control and experimental groups (SCAS)

				PAIRED DIFFERENCE					
		mean	Std Dev	Std Error for Mean	95%CI Interval diff Lower	Upper	t	df	Sig 2 tailed
Control	Pre-Post A	1.33333	2.46885	.63746	-.03387	2.70054	2.092	14	.055
Experimental	Pre-Post A	8.60000	3.86929	.99905	6.45726	10.74274	8.608	14	.000

CONCLUSION

The results show how REBT-based intervention has worked in reducing the symptoms of Depression and anxiety in adolescent survivors of CSA. The control group did not receive any intervention. The cause for the meagre difference in the means, in the control group(SCAS), is unknown. The difference in means on the scores in both the scales of Depression and Anxiety, shows that the right techniques has worked in reducing the symptoms in depression as well as with anxiety.

However, there has been a few research gaps that has been identified in the current study. It is impossible to generalize the result to the entire population because of the sample size. The study was conducted only on females, hence the study cannot be generalised as gender neutral. Since, there was no alternative intervention provided for the control group, the researcher couldn't identify the variance and the means between and within the subjects. There has been limitations in terms of time duration to conduct the entire study. A qualitative study using a narrative analysis would have given an understanding on the very specific symptoms or facets that has improved post administering the intervention. Studies on larger sample size will provide more accurate results as well as on both genders are going to make the results more generalizable.

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