

# Treatment plan for eating disorder patients with a history of childhood sexual abuse.

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## Introduction

Many studies support the evidence that there is a correlation between trauma, in this case sexual abuse, and the development of eating disturbances (Dansky et al., 1997; Fallon & Woderlich, 1997). Childhood sexual abuse (CSA) is remarkably common and is thought to affect up to 1/3 of women and 1/8 of men. A history of CSA is associated with numerous psychological sequelae including depression, anxiety, substance abuse, somatization, and eating disorders (Gustafson and Sarwer, 2000). According to Carter et al. (2006), the prevalence of CSA is high among individuals seeking inpatient treatment for anorexia. In association with these findings, there are studies that indicate that a history of CSA increases the possibilities of developing eating disorders; in a study by Rayworth et al. (2001), women who reported both physical and sexual abuse during childhood had 3 times the odds of developing eating disorder symptoms and nearly 4 times the odds of meeting DSM-IV criteria for an eating disorder. According to Kearney-Cooke and Ackard (2000), females who have been sexually abused reported more body dissatisfaction and self-consciousness, less satisfaction with themselves and in relationships. These authors also state that additional consequences of sexual abuse include lack of control over the body and eating disorders.

Is this team's perception that there is a need among eating disorder professionals to gain knowledge about both assessment and treatment issues with sexually abused patients in order to better address their particular issues.

## Objective

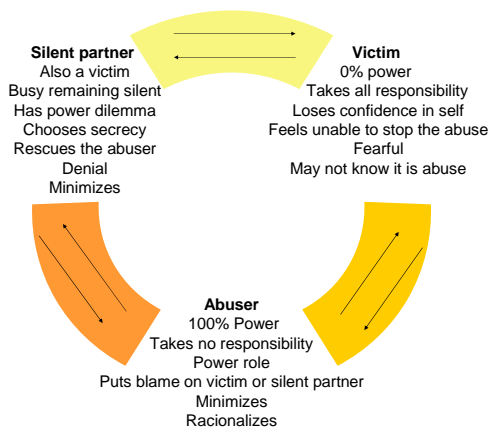
The purpose of this poster is to present a sexual abuse assessment and treatment plan for eating disorder patients with a history of child molestation.

## Method

The sexual abuse assessment and treatment protocol includes several relevant blocks that are administrated in approximately three 1.5 hours sessions each; according to the U.S. Department of Health and Human Services Administration for Children and Families (1998), CSA treatment is more effective when administered including talk, art and play therapy.

All the blocks of the protocol revolve around increasing self-awareness and enhancing the patient's strenghts. **The goal is to promote self-esteem as a life long process.**

- ✿ Providing an accurate definition of sexual abuse and explaining its dynamics helps the patient **identifying and coping with feelings**
- ✿ Reviewing the disclosure and post-disclosure experiences helps the patient **reframing his/her perception of what happened**. Provides an opportunity to review family dynamics
- ✿ Documenting the sexual abuse helps the patient **objectivizing the trauma and getting closure**
- ✿ We identify the patient's cognitive distortions in order to help him/her **reframe his/her world perception**
- ✿ Victimization often occurs in trauma victims. It is important to help the patient **diferentiate between the trauma and his/her identity**
- ✿ **Sexuality** is taught as a normal, healthy and gratifying part of the patient's development



With this abuse representation we help the patient normalizing and coping with his/her own feelings. We also focus on working through feelings of guilt.

The objective of these exercises is to understand what happened after the abuse disclosure; the exercise on the left represents how the patient feels for those around him/her in regards to the abuse. The exercise on the right illustrates a representation of how the patient perceives the feelings of those around him/her in regards to the abuse. Red dots are for anger, yellow dots are for helpers, green dots are for fear, blue dots are for hurt and black dots are for guilt.

## References

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