

## Playing as a Diagnostic and Therapeutic Strategy for Post-Traumatic Stress Disorder (PTSD) in Children Victims of Sexual Violence: A Clinical Case Study

اللعاب بوصفه استراتيجية تشخيصية وعلاجية لاضطراب ضغط ما بعد الصدمة لدى الأطفال ضحايا العنف الجنسي (دراسة عيادية لحالتين)

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### Abstract

Sexual violence is one of the powerful and harmful forms of violence that a kid may be subjected to, as it causes a traumatic accident that leads to psychological imbalance and it leaves dire effects at all levels.

In this regard, came our current study aimed to identify the the significance and relevance of play as a method for detecting, diagnosing and treating symptoms of post-traumatic stress disorder in children who suffered sexual violence. In the course of our study, we relied largely on the clinical method, with semi-directed interviews and direct and indirect clinical observation serving as the primary tools.

The results of the study revealed that playing is a very effective method and strategy in diagnosing child disorders, as it is a dynamic method and an indirect communicative language. It can also be used as a therapeutic technique to get rid of pathological symptoms as it is a degassing method that allows the child to release his repressions and insight into his psychological problems.

**Keywords:** play, post-traumatic stress disorder, childhood, sexual violence.

### ملخص:

يعتبر العنف الجنسي من أقسى وأخطر مظاهر العنف التي يمكن أن يتعرض لها الطفل، كونه يشكل حادثا صدميا يؤدي إلى اختلال التوازن النفسي ويخلف آثارا وخيمة على جميع الأصعدة.

وفي هذا الصدد جاءت دراستنا الحالية التي هدفت إلى التعرف على أهمية ودور اللعب كأسلوب لكشف وتشخيص وعلاج أعراض اضطراب ما بعد الصدمة لدى الأطفال الذين تعرضوا إلى العنف الجنسي. وقد اعتمدنا في ذلك على المنهج العيادي مستخدمين المقابلة العيادية نصف الموجهة والملاحظة العيادية المباشرة وغير المباشرة كأدوات رئيسية في الدراسة.

وقد أسفرت نتائج الدراسة على أن اللعب يعتبر وسيلة وإستراتيجية جد فعالة في تشخيص اضطرابات الطفل كونه أسلوبا ديناميكيا ولغة تواصلية غير مباشرة، كما يمكن استخدامه كتقنية علاجية للتخلص من الأعراض الباثولوجية باعتباره أسلوبا تفرغيا يسمح للطفل بإخراج مكبوتاته واستبصار مشكلاته النفسية.

**كلمات مفتاحية:** اللعب، اضطراب ما بعد الصدمة، الطفولة، العنف الجنسي.

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### **Introduction:**

Numerous children in this world undergo many forms of violence that adversely impact their physical health and psychological development. Of all types of violence, sexual violence is one of the most severe, inflicting intense psychological trauma and complex health issues. Due to progress in child mental health care systems, many diagnostic and therapeutic methods and techniques have been developed, including play therapy, which is a clinical tool used by many psychological professionals to examine symptoms, diagnose disorders, and provide treatment. Therefore, it is crucial to study the role of play as a clinical technique that assists in diagnosing and treating psychological disorders in children, specifically post-traumatic stress disorder. This disorder is one of the most complicated clinical disorders that affects children, leaving negative impacts on their growth and later resulting in a decline in their mental and psychological health.

### **The Problematic Study:**

Childhood holds a significant place in the stages of human development. It is the period where the foundational aspects of an individual's character are established and shaped on different levels, such as emotional, psychological, and social. During this stage, children experience several life events and experiences that can either contribute positively to their growth or impede their psychological development, including traumatic events like sexual violence. Sexual harassment of children is considered one of the most dangerous phenomena in the world, and the World Health Organization (WHO) has reported that the rate of sexual harassment among children has reached 19.7% for females and 7.9% for males. Sexual violence against children is classified as maltreatment against them and is the use of sexual desire fulfillment by an adult or adolescent by imposing sexual activity against the child's will (Abassi, 2014, p. 98). Sexual abuse of children has a pervasive negative effect on their psychological health and personal growth. Children who have experienced sexual violence are more prone to mental disorders like anxiety, depression, and post-traumatic stress disorder. Sexual violence is a traumatic event that shatters the character structure of a child. This damage may manifest through avoidant behavior, intrusive thoughts, emotional numbness, sleep disorders, and mood swings. To provide psychological care for children who have suffered sexual violence, specialists use various techniques and methods to treat and alleviate symptoms and to help the child adapt. Clinical intervention with children is specific and requires the use of projection and indirect communicative techniques, such as drawing, theater, and play. The use of play is one of the most important techniques and methods for diagnosing childhood disorders. It's not just a spontaneous activity but serves as a means to observe a child's intellectual capabilities and their development, as noted by Piaget's

cognitive theories. We observe that children with psychological disorders demonstrate different behaviors during play compared to their typical peers. The troubled child resorts to dropping and converting their problems, desires, and using a symbolic representation of their relationships with others and the frustrations they have dealt with (Al-Djabali, 2012, p. 13). The importance of play is not limited to its use as a means of identifying and diagnosing psychological and behavioral disorders but extends to being a therapeutic approach that has proven to be effective and efficient in many cases (Mostaks, 21), especially in treating psychological traumas and their disorders. In particular, it is highly effective in identifying and examining psychological symptoms among children who have experienced traumatic syndromes following sexual assault.

Considering this context and the information presented, we can formulate the study questions as follows:

- How does play facilitate the identification and diagnosis of symptoms of post-traumatic stress disorder in children who are victims of sexual violence?
- How does the use of play as a therapeutic technique aid in overcoming post-traumatic symptoms in child victims of sexual violence?

**Study hypotheses:**

- Play can aid in diagnosing post-traumatic stress disorder by examining the symptoms that manifest in a child's behavior during play (such as how they interact and deal with dolls, their response to the game, etc.).
- Play can help in treating and reducing pathological symptoms by releasing emotional energy, providing a form of emotional release, meeting the needs of the child, integrating the child, and enhancing their interactive skills.

**Importance of the Study:**

The importance of this study is illustrated by the following:

- Bringing attention to the issue of child sexual abuse and its psychological impact, thereby raising awareness among authorities and competent bodies of the need for mental health care and protection of children.
- Demonstrating the role and importance of play in clinical practice and encouraging specialists to use it as a tool for diagnosing and treating childhood disorders.
- The paucity of research and studies examining the variables of this topic is due to it being a societal taboo.

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### **Study Objectives:**

- To explore the role of play in diagnosing and detecting symptoms of post-traumatic stress disorder in children who are victims of sexual violence.
- To examine the importance of play therapy in treating post-traumatic stress disorder in children who are victims of sexual violence.

### **Previous Studies:**

Numerous researchers have devoted their attention in prior studies towards investigating post-traumatic stress disorder in children subjected to sexual abuse. These studies have proposed theories, developed psychotherapeutic programs and offered counseling, which encouraged a new research outlook. Among these studies we find:

- **Zardoum Khadija's study (2018):** In which her study focused on the topic of psychological trauma in children who are victims of sexual violence, using a clinical approach (case study) on four cases. Included in this study were the draw-a-man test and the family rate test, and results indicated that significant behavioral manifestations of psychological trauma in children who have experienced sexual assault were anxiety, excessive emotional reaction, sleep disorders, feelings of inadequacy, loss of security, and concentration disorders.

- **Study by Soheir Mohamed Ahmed Mahmoud (2020):** The study examined the efficacy of a therapeutic play program in alleviating post-traumatic stress disorder (PTSD) among sexually abused children. The methodology used was experimental, with a sample size of 16 children who received the program over 12 sessions. Pre- and post-treatment measures were used to evaluate the outcomes, and the results indicated that the therapy program was effective in significantly reducing PTSD symptoms.

- **Manel Abdelkader Cherif's study (2021):** Evaluating the effectiveness of a cognitive-behavioral play therapy-based group treatment program to reduce future anxiety and post-traumatic stress disorder in traumatized children. The research was conducted on 22 children who were equally divided into control and experimental groups via experimental methodology and exposed to 15 therapy sessions. The study results revealed statistically significant variations in favor of the experimental group in the post-test, demonstrating the efficacy of the treatment program.

### **Commentary on Previous Studies:**

Studies differed in their methodologies, with the majority focusing on experimental methods, while some adopted a clinical approach. Our current study, which focuses on children, is in alignment with these previous studies. We utilized these studies to assist in refining and enriching our research

problem by employing their recommendations and suggestions and developing our study title.

**Defining Study Concepts:**

**Play:**

The concept of play has been the subject of interest for many researchers and has been defined in different ways, including:

Jean Piaget's definition: play is an activity that involves pure representation and modifies incoming information to fit the needs of the individual. Both play and simulation have a complementary role in enhancing intelligence (**Belazouz, 2021, p. 69**).

Winnicott's definition: Play is the most essential form of communication for children, as it is a spontaneous experience that is derived from life.

Autwinger (1983) describes play as the means by which a child can come to understand reality. By playing, children can review their thoughts and shape the tools to use those ideas (**Al-Khattatneh, 2012, p. 13**).

In addition to being a pedagogical tool that develops a child's cognitive abilities, play facilitates the understanding of a child's internal world, uncovers their hidden aspects, and helps to diagnose any disorders that they may be experiencing.

The two researchers recognize play procedurally as a method used by psychologists for diagnosing and treating post-traumatic stress disorder in children. This is done through careful observation and evaluation of the child's symptoms, which manifest in their behavior and play interactions.

**Post-traumatic stress disorder:**

The American Psychiatric Association (APA) defines it as a set of symptoms that occur after exposure to a severe traumatic event that involves a genuine or imagined threat, serious injury, or any other threat to the person's own body or to someone else.

Clinically, it is described as a set of behavioral and emotional symptoms that can be detected and evaluated by a psychological clinician through the child's play, play interactions, and social behavior with others during play.

**Sexual violence:**

It is a form of violence against children that involves sexual contact between a child and an adult to satisfy the sexual desires of the perpetrator, using force against the child.

It is defined by the researchers as a type of child abuse through forced sexual interaction with a minor below the legal age.

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**Field Study Procedures:**

**Study Scope and Limit:**

**Spatial Domain:** The study was conducted at the Batna University Hospital (Forensic Medicine Department).

**Temporal Domain:** The research was implemented during the period between January 2022 and February 2022.

**Study methodology:** The two researchers utilized the clinical method (case study) in conducting the study since it allowed for the examination and evaluation of symptoms qualitatively, which corresponds with the study's subject matter.

**Study tools:** The two researchers made use of non-directive clinical observation as well as a semi-directive clinical interview.

**Study sample:** The study focused on two cases that were purposely selected and shared the following traits:

Age group: middle childhood.

Nature of a traumatic incident: being subjected to sexual assault by an adult.

Type of disorder: post-traumatic stress disorder.

**Table (01) shows the general data on the cases of the study:**

Cases:	Gender	Age	Educational level	Siblings Number	Sibling Arrangement	Financial Situation	Notes
Case 1	Male	7 years	Second year of primary school	2	First	Average	/
Case 2	Male	8 years	Third year of primary school	3	Third	Average	Uncle Assault

**Presentation of interview findings for Case 1:**

Case (S/B) is a 7-year-old male who is in the second year of elementary school. He is the older of two brothers, and their financial situation is average. The father is a 38-year-old employee of a company, and the mother is a 33-year-old high school teacher. He was referred to the forensic medicine department following a violent sexual assault by an unknown adult, discovered by the mother due to blood stains on his undergarments and changes in the child's behavior and conduct. The assault was confirmed by a medical examination conducted by the forensic doctor.

The child and his mother were called to the clinical psychologist's office. During the first meeting with the mother present, the child showed shyness and introverted behavior, refusing to speak and avoiding eye contact (avoidance symptoms) while his mother was present. After the mother's interview, she said that her son had become a different child after the assault incident, stating that "my son was previously energetic and talkative, but he became different on that day. He entered the house, sat by himself, and didn't say a word. When I

removed his clothes, I saw blood." During the conversation, it was evident that the child felt afraid and mistrustful through his low and stuttering tone of voice. He accurately described the assailant as "an elderly, tall, and bald man wearing a blue jacket with white and grey designs." However, when it came to discussing the incident and its circumstances, he avoided the topic, simply stating, "I was just afraid of him." During the play session, the child appeared disinterested in the game, demonstrating emotional, sensory, and motor inhibition. Furthermore, he was not fully engaged with his peers and showed a lack of passion, all of which could indicate symptoms of post-traumatic stress disorder. As we have observed, the child presents with symptoms of delusion and detachment from reality, as indicated by his bewildered expressions when interacting with others during the game and by his limited mobility due to physical symptoms of abuse resulting in inflammation in the anal area. After the psychological specialist at the facility diagnosed the child's condition, counseling sessions were arranged using play therapy to address avoidance symptoms and to help the child improve his social integration, communication abilities, and motor function.

**Evaluation of symptoms through behavior in play:**

- Withdrawn behaviors (lack of engagement with the game, apathy, introversion).
- Severely inhibited sensory-motor behavior.
- Negative social behavior is characterized by a lack of interaction with peers in the game and a lack of participation.
- Disintegrative behavior in reality (looking surprised and making facial expressions indicating bewilderment).

**Assessment of symptoms after play therapy sessions:**

- Decrease in the severity of withdrawal behaviors (showing interest in the game, initiating play, etc).
- Relatively clear emotions and significant sensory-motor activity.
- Social interaction and engagement.

**Presentation of the interview results with Case 2:**

The case of a male (A.N), aged 8 years old, a student in elementary school in the third grade, ranked third in a financially stable extended family, who was sexually abused by his uncle after being caught in the act by his father. One week after the incident, he was referred to the forensic medical department, as the family believed it was a shameful matter that should be concealed. However, the mother's insistence on filing a complaint led to his medical examination, which confirmed the sexual assault perpetrated by the uncle.

During the psychological assessment with the child's mother present, the child showed emotional blunting and a lack of affect during the initial

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interview. He responded to questions with a robotic tone and a lack of emotional affect (there were no facial expressions accompanying his speech), which is in line with the diagnostic criteria for blunting and numbing symptoms related to PTSD. Additionally, he reported experiencing frequent nightmares about aggressive animals chasing him, indicating a reduced sense of emotional safety. The child also repeatedly refused to engage in play, which could suggest the use of avoidance mechanisms and a preference for isolation and self-sufficiency (difficulty forming attachments). Upon convincing him to play, we observed violent and aggressive behaviors in the individual during the first play therapy session, along with a strong desire to act as a teacher and discipline the students during the game. This indicates a re-experience of the traumatic event and identification with the aggressor. After several play therapy sessions with the psychological specialist, we observed a positive change in the child's behavior, characterized by a relative reduction in emotional numbness, a greater interest in playing in a more interactive and non-violent manner, and an increased expression of emotions.

### **Assessment of case symptoms through behavior in play:**

- Severe emotional suppression (lack of response and interaction with the game, absence of body language during play).
- Severe aggressive behavior (hitting participating children during play).
- Generalized anxiety (inability to complete the game and being easily distracted).

### **Evaluation of case symptoms following therapy sessions in play:**

- Heightened emotional activity.
- Decreased intensity of aggressive behavior and its occurrence.
- Emotional stability and development of communication skills.

### **General discussion of study results:**

In our analysis of the interviews conducted with both cases, we found that the first hypothesis, which suggests that "play can aid in diagnosing post-traumatic stress disorder by examining the symptoms that are manifested in the child's behavior during play (such as their interactions, their handling of dolls, and their response to the game)," has been supported. Diagnosis and understanding of the psychological distress experienced by sexually abused children is a highly complex process due to the fact that a child's language skills and cognitive abilities are often insufficient to express their true psychological suffering and to identify and express their different feelings and emotions. This necessitates that the psychological clinician rely on projection techniques and tools, such as projective tests, drawing, and play in order to fully comprehend the child's psychological state. The clinical observation of play methodology in both instances proved instrumental for the clinician to examine maladaptive behaviors in children and evaluate the severity,



frequency, and intensity of post-traumatic stress disorder symptoms. This approach assisted in the accurate classification and diagnosis of the condition and played as a fundamental role in diagnosing the disorder and comprehending its nuances in clinical psychology.

Regarding the second hypothesis, which suggests that "play contributes to the treatment and relief of pathological symptoms," it has been confirmed, as evidenced by the use of a therapeutic protocol involving play. The therapist utilized play as a communicative method with the child, enabling him to express his thoughts and emotions more clearly and effectively. This helped the child to discharge emotional energy and alleviate emotional stress while satisfying his needs and reducing behaviors of aggression by enhancing social skills. The emotional involvement of the child facilitated integration with the game, leading to the resolution of some traumatic symptoms and a reduction in the severity of others. The integration of the child and the development of his interactive skills have helped both cases to overcome some traumatic symptoms and decrease the severity of other symptoms. This has allowed them to establish an emotional connection with the game.

**Conclusion:**

In conclusion, it can be stated that child abuse, including sexual violence, has heavily permeated our society, with its increasing prevalence overshadowed by silence and the lack of disclosure from families and parents due to it being deemed a social taboo and carrying disgrace to families. As professionals, it is essential to raise awareness as a preventative measure towards this phenomenon, even if it's only to a small degree. Moreover, it is crucial to ensure that the psychological care provided to victimized children is done in a serious manner, paying close attention to the deep psychological effects that this phenomenon may have on their regulatory functions, leaving them susceptible to complex disorders such as Post-Traumatic Stress Disorder. Various studies and experiments have confirmed the efficiency of play therapy in managing the symptoms of this disorder in numerous children suffering from it. Several specialists opt to incorporate it in various therapeutic procedures to assist in combating the negative symptoms that undermine the child's growth and daily routines.

**Recommendations and Suggestions**

Our study has produced several recommendations, which can be summarized as follows:

- Conducting more research on the issue of mistreated children and providing psychological support for this group due to the psychological distress they experience.
- Training psychologists in modern diagnostic and therapeutic techniques rather than relying solely on traditional methods.

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- Developing play-based therapy programs to treat child victims of sexual abuse.
- Providing specially-equipped play areas in care centers and mental health clinics.
- Increasing awareness among parents and families about sexual education, given the lack of understanding in this area.

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