# Recolección Inicial de los Datos

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P25 LDS1021 1: Minería de Datos

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28 de Febrero de 2025

# Recolección Inicial de los Datos

In light of the ‘me too.’ Movement, victims of many types of sexual assault or abuse have been telling their stories. The ‘me too.’ Movement was started in 2006; in 2017 the hashtag #MeToo “went viral and woke up the world to the magnitude of the problem of sexual violence” (me too, n.d.-b, para. 3). The ‘me too.’ Movement is an organization that assists “a growing spectrum of survivors—young people, queer, trans, the disabled, Black women and girls, and all communities of color” (me too, n.d.-b, para. 4).

One of the struggles survivors must deal with is how to cope with significant trauma in the aftermath of abuse. This struggle is meaningful to not only survivors but also to the people around them looking for ways to help. Many researchers have investigated coping mechanisms for survivors. Specifically, researchers have examined how therapy help affect children who have been sexually abused. To examine this, it is important to look at what helps children with therapeutic recovery, why therapy may or may not be necessary for recovery, and how specific aspects of therapy facilitate recovery in children. Jessiman et al. (2017) examined what is helpful about therapy for children and how therapy affects their recovery. Fong et al. (2016) showed that even though some caregivers do not choose to enroll their children in mental health services (MHS), all caregivers recognize the importance of therapy for recovery and that it may be necessary for some children and not for others. Last, Allnock et al. (2015) described specific aspects of therapy that help children recover as well as identified elements that may not work and ways to improve the shortcomings of therapy. Together, these researchers have shown that therapy can be beneficial to survivors of sexual abuse and that therapy relates to the ‘me too.’ Movement’s goal of helping victims heal (me too, n.d.-d).

Jessiman et al.’s (2017) study focused primarily on the aspects of therapy that do and do not help children who have been sexually abused. Jessiman et al. interviewed 15 families consisting of 17 caregivers and 12 children, ranging in age from 5 to 18 years, who were survivors of sexual abuse. Of the children interviewed, nine were girls and three were boys and all identified as White. Jessiman et al.’s interviews focused on four themes: the therapy’s benefits, the working alliance between the child and the therapist, the child’s opinions on important aspects of therapy, and the relationship between the child and their caregiver. They found that all children believed they had successful therapeutic experiences. The children described themselves as happier and as having fewer physical symptoms because of their positive mood from the therapeutic intervention. Results also showed that children enjoyed the fun aspect of therapy that involved playing games because it made them feel younger, which is beneficial to children who have dealt with trauma and may feel they had to grow up too soon. Furthermore, the children and their caregivers mentioned the strong bond between the child and the therapist, specifically the fact that the therapist made the child feel safe and like they had someone to trust (Jessiman et al., 2017). This bond is extremely important after sexual abuse because a child may not feel that they can trust adults; after the therapeutic bond is secured, a child can begin to recover. This recovery causes a child to feel better and to have fewer physical symptoms. The ‘me too.’ Movement website helps survivors and their caregivers find help and therapy options via the *Resource Library* page (me too, n.d.-c), which provides links to local and national resources. This is important in the aftermath of sexual abuse, because it enables people to find resources to help themselves or someone they know recover.

However, parental concerns about the necessity of therapy exist. Although Jessiman et al. (2017) found that therapy is a great way to facilitate recovery, some caregivers decide not to bring their child to a therapist because of their perceptions of therapy. Whether or not parents decide to bring their child to therapy, the ‘me too.’ Movement website can help parents find resources for their children.

Fong et al. (2016) focused on how caregivers perceive MHS for their children. Their sample consisted of 22 White adult caregivers with a child under the age of 13 years who was a suspected victim of sexual abuse. Twelve of the caregivers brought their child to MHS, meaning the child went to at least one therapy session or was planning to go, and 10 of the caregivers did not. These caregivers, whether or not they brought their child to MHS, were interviewed about their perceptions of MHS using the health belief model. During the interview, caregivers were asked about sexual abuse severity as well as the benefits and barriers of MHS. Fong et al. discovered that most caregivers found MHS necessary—except for caregivers who did not bring their child to MHS. These caregivers did not see therapy as necessary unless the child had been exhibiting behavioral problems. The caregivers who brought their child to MHS reported that their child’s behavior improved. Both sets of caregivers reported feeling scared for their child’s future. Furthermore, the caregivers who did not take their child to MHS believed that therapy could make the experience for their child even more traumatizing as well as result in stigma. Caregivers who took their child to MHS mentioned many benefits, such as helping the child develop coping strategies and future plans and addressing behavioral issues. Together, the results of Fong et al.’s study emphasize therapy as being beneficial for children who have gone through a traumatic event like sexual abuse. Although some caregivers did not take their child to MHS, the consensus was that MHS was necessary if a child is exhibiting behavioral issues. If caregivers do not find that their child needs therapy but do feel that they need help getting away from an abuser, the ‘me too.’ Movement website can connect people to resources such as women’s centers or crisis centers (me too, n.d.-a). That being said, survivors of sexual abuse are likely to find it advantageous to connect with MHS at some point in their lives, especially if they are experiencing problems with their behavioral or emotional functioning.

After establishing the benefits of therapy, the issue then becomes what about therapy helps survivors of sexual abuse. Jessiman et al. (2017) and Fong et al. (2016) showed that therapy is beneficial to children who have been sexually abused. But how does therapy help?

The ‘me too.’ Movement (n.d.-a) has emphasized that therapy can be beneficial for children with severe trauma. Allnock et al. (2015) examined the aspects of therapy that do and do not work for children. In their study, Allnock et al. administered a survey to a sample of 299 young adults (18–35 years) that asked about the type of therapy they received before the age of 18, how they felt about their therapist, how they felt about the traumagenic dynamics of childhood sexual abuse, and the type of support they believe children should get. In the results, individual counseling was the most common form of therapy sought; however, 58% of respondents reported that they received more than one type of therapy. Only 44% of respondents found therapy to be helpful (Allnock et al., 2015). The respondents who reported positive experiences from therapy explained that therapy helped improve their coping skills and living skills, including their ability to complete day-to-day tasks, deal with new life situations, and talk about and manage emotions. The therapist was an important factor, with most participants saying that a therapist who demonstrated that they cared about them improved therapy. However, Allnock et al. also found negative qualities of therapy that involved waiting times, personal preferences, the therapist’s skills, and other external factors. They also found that it would have been beneficial if the therapist did not make the child talk but rather let them go at their own pace and be made aware of what exactly is happening. Overall, Allnock et al. (2015)’s study demonstrated that therapy has positive qualities but can also result in negative experiences. These findings can assist people in understanding what childhood survivors of sexual abuse need and use that data to make therapy better for all children. As shown in Fong et al. (2016), it is important that children who need help, receive it. Through the ‘me too.’ Movement website, people can find the resources they need.

These three studies show that therapy is beneficial to children who have been sexually abused. Jessiman et al. (2017) discussed why therapy is helpful and how it benefits children’s recovery. Fong et al. (2016) added to this research by exploring why therapy may not be necessary as well as showcasing the importance of therapy for recovery. Allnock et al. (2015) further identified the specific aspects of therapy that garnered positive outcomes as well as negative responses, which can be used to enhance therapy outcomes. Overall, these studies show the importance of therapy for sexually abused children. The field would benefit from more research on the types of therapy that work for children to make sure that the staggering 44% who experienced sexual abuse in Allnock et al.’s study and found therapy helpful can receive the best treatment. All children who have experienced sexual abuse are now a part of the premise of the ‘me too.’ Movement, whether or not they seek help through the movement. This movement as well as the people who support it are vitally important for ending childhood abuse and the stigma that surrounds it.

# References

Allnock, D., Hynes, P., & Archibald, M. (2015). Self reported experiences of therapy following child sexual abuse: Messages from a retrospective survey of adult survivors. *Journal of Social Work*, *15*(2),115–137. <https://doi.org/10.1177/1468017313504717>

Fong, H., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2016). Caregiver perceptions about mental health services after child sexual abuse. *Child Abuse & Neglect*, *51*,284–294. <https://doi.org/10.1016/j.chiabu.2015.09.009>

Jessiman, P., Hackett, S., & Carpenter, J. (2017). Children’s and carers’ perspectives of a therapeutic intervention for children affected by sexual abuse. *Child & Family Social Work*, *22*(2),1024–1033. <https://doi.org/10.1111/cfs.12322>

me too. (n.d.-a). *Explore healing*.<https://metoomvmt.org/explore-healing/>

me too. (n.d.-b). *History and inception*. <https://metoomvmt.org/get-to-know-us/history-inception/>

me too. (n.d.-c). *Resource library*. <https://metoomvmt.org/explore-healing/resource-library/>

me too. (n.d.-d). *Vision and theory of change*. <https://metoomvmt.org/get-to-know-us/vision-theory-of-change/>