THE IMAGE OF THE FAMILY REGARDING TRAUMATIC STRESSES AND CHILD ABUSE (Elementary school students “JAPAN”)

Maha El-Helbawey¹,²,³, Shigeuki Mori², Hisaya Nonoyama³

¹, ², ³ Lecturer, Psychology Department, Faculty of Arts, Benha University, EGYPT.
² Professor, Head Sociology Department, Konan University, Kobe, Japan.
³ Professor, Head Clinical Psychology Department, Human Sciences, Konan University, JAPAN.

Summary:
The purpose of this study is to explore the traumatic exposed/abused child in the normal Japanese families investigating the internal image of the family and comparing such image between traumatic exposed/abused child and non traumatic/abused one.
Fifty eight Japanese elementary school students undergone both TSCC-A questionnaire (Traumatic Symptom check list for children) and K.F.D. Drawing (Kinetic family Drawing).
Our results showed; Low percentage of traumatic exposed children in normal families, very high indication of child abuse (child emotional neglect), disturbed family images (lack of family communications and dynamic relationships) and there are no significant differences between TSCC-A profiles regarding the family image in the K.F.D.

Keywords:
TSCC-A (Traumatic Symptom Checklist for Children), Post Traumatic Stresses, Child Abuse, K.F.D (Kinetic Family Drawing Test).

Correspondence:
Dr. Maha El-Helbawey
Department of Psychology, Faculty of Arts, Benha University, EGYPT.
E-mail: melhelbaweyhope@yahoo.com
**Introduction:**
The family is supposed to be the ultimate place where a child can find love, warmth, care & acceptance.
However nowadays, family atmosphere has been far from one to another; concluding the establishment of an unsafe atmosphere than that of its nature.
All over the world, families undergo stressful lives which are reflected into a domestic violence & a child abuse figure.
Exposing the child to traumatic events is considered a child abuse figure; where social, Psychological, disorganized attachment style & physical health problems occur.
So that, to recognize/assess the family image regarding traumatic stresses, same as to assessing such image regarding child abuse.

**Background:**
Mostly, the child’s home, organizations, schools & communities are the places where the child experiences abuse.
Cultural norms vary about what constitutes abuse. Malley 2004 & her associates team examined the influence of the history & culture of what’s considered to be acceptable or unacceptable “domestic violence & abuse”. She found out wide different ranges of the term “abuse” between many countries ‘including JAPAN’. She pointed out that domestic violence & child abuse were based on cultural attitudes towards the abusive behaviors’.
Cultural & then family system contribute a certain parent-child relationship & influence ways to positive or problematic child development.
In her article, Sheryl WuDunn (1999) mentioned; Japan’s unusually strong families are being strained, weakened by the long recession & unemployment record, which have undermined stability in the home. In addition to, economic pressures, rising of divorce rates & remarriages have led to abusive behavior.
Machiko Ayukyo, a lawyer who handles child abuse cases & director of the center for child abuse Prevention, said:“Child abuse is in the rise in Japan … superficially, it seems the trend is rising. I feel that this has been happening for a very long time & it is finally just coming to the surface.
Satoru Saito, director of the Institute of Family Functioning in Tokyo, said: “The family’s relationship with relatives & community is not so closed anymore. Parents rarely seek support outside & they tend to be isolated from society. “

**Objectives:**
According to Freud, the personality is developed by the person’s childhood experiences, through the Oedipus complex, health & normal identification (boy - his father, girl - her mother) & the inner image of the mother, father, self & others. Constitute in the early childhood through the child-parents relationship, internalized images in his/her life. I mean presenting a positive or negative model constitutes similar tendencies later.
Kaori Okada et al. (2008)\textsuperscript{12} have pointed that when mother showed high responsiveness to their children, they tended to be more sensitive to their own children’s behaviors. William Fairbairn mentioned that the first connection a child makes is with his parents, through this bond form of this connection & strong attachment to his parents. This early relationship shapes the emotional life of the child & this early libidinal objects become the prototypes of all later experience of connection with others. Susan M. Ross (1996)\textsuperscript{14} were pointed that parents whom were physically abused are more likely to abuse their children. So, we want to recognize the image of the family regarding such traumatic & abusive events.

**The Questions:**
1. Is it possible to find traumatic exposed or abused children in our normal/regular schools & families?!
2. How will the family image be?!
3. Are there any image representative differences between traumatic exposed or abused child & non-traumatic exposed or un abused child?!
   And are there other psychological post-traumatic related symptoms?!

**Aim of the Study:**
1. Exploring for the traumatic exposed/abused child in the normal/regular families & schools.
2. Investigating the internal image of the family, feelings, identification, attitudes & the related post-traumatic psychological symptoms.

**Hypothesis:**
1. Will find traumatic exposed/abused child in the normal families & schools.
2. Disturbed images of the family (Mother-Father) of who exposed traumatic or abused child.
3. Significant differences in the psychological symptoms & the image of the family between traumatic exposed/abused child & non-traumatic/un abused child.

**Definitions:**
- **Post Traumatic Stress Disorder:**
  DSM IV\textsuperscript{13} has been categorized as: Post-traumatic stress disorder (PTSD) has been categorized as one of an anxiety disorders (Psychiatric Disorders), occurs after exposing the child to a traumatic event where the life is threatened; severe child abuse is one of other three “war, natural disasters & major accident” examples will develop into an intensive fear of related situations, situation avoidance, reoccurring nightmares, flashbacks & heightened anxiety that disrupts day life.
Child Abuse:
Leeb Paulozzi et al., (2008)7 in the Center for Disease Control & Prevention (CDC) defined child maltreatment as any act or series of acts or commission or omission by a parent or other care giver; that results in harm, or potential for harm, or threat of harm to a child.
Four major categories of child abuse: Physical, Psychological, Emotional, Sexual & child neglection.
The American National Committee to Prevent Child Abuse11 1997 recorded that:
1. 54% from abused children were, children with child neglection; Physical neglection (food, Clothing...), Emotional (nurturing...) & Educational (enrolling in a school).
2. 22% physically abused children (Striking, Burning, and Choking).
3. 8% sexually abused (penetration, fondling or any sexual act between the child & an adult).
4. 4% Emotional maltreatment, (belittling or shaming a child, extreme punishment & with holding of affection).
5. 12% other forms of maltreatment.

Research methods:
Glynis M. et al.5 2006 contained in their article Patrick Sturgis classification which mentioned that:
Studies with small samples may indicate fruitful avenues for future research.
Samples were small because it has been hard to access to select in normal families & schools.
Small samples in an exploratory research design have been made through:
1. Letters have been sent to 6th graders' parents of a Japanese elementary school, inorder to be permitted to undergo the questionnaire (an essential step/attitude in Japan).
2. 60 parents agreed.
3. 60 students have been given the TSCC questionnaire inorder to explore & differentiate between students whom have been exposed to traumatic stresses & abused from those who haven’t.
4. Two sheets weren’t answered, so the total answered is 58 sheets.
5. Five categories have been found after correcting the questionnaires:
   5.A. Average profiles:
       ● Profile with Average (UnD).
       ● Profile with above average or high (UnD).
   5.B. High profiles:
       ● Profiles with Average (HyP).
       ● Profiles with High (HyP).
   5.C. Two indicated sheets [boys] to some sub significant.
   5.D. One sheet obtained average scores regarding all scales except DIS (Dissociation), DIS-O (Overt Dissociation) & DIS-F (Dissociation Contains Fantasy) [boy].
5. E. Student didn’t answer the TSCC-A questionnaire but did the (K.F.D),
All high profiled students & selected profiles from: Average Profiles with Average (UnD), Average profiles with High (UnD), Normal Profile with High (DIS, DIS-O, DIS-F) & one profile with possibility to some sub significant; have been given (K.F.D) drawing test.

Tools:
(A) **TSCC – A (Traumatic Symptom Checklist for Children)**, TSCC is developed 1996 by Briere, J.¹ while it was translated into Japanese & standardized in Japan by Nishizawa Satoru 1999, and published in 2009. TSCC has two versions, one is full-version (TSCC) which uses a total of 54 items & the other (TSCC-A) consists of 44 items excluding Sexual concerns (SC) from full-version. Evaluating post-traumatic symptom in children & adolescents (8:16 years old with normative adjustments for 17 years old). Including the effects of child abuse (Physical & Psychological) & neglect, other interpersonal violence, witnessing trauma to others, major accidents & disasters & measures five clinical scales. Anxiety (ANX), Depression (DEP), Anger (ANG), Post-Traumatic Stress (PTS), and Dissociation (DIS) which has two subtypes: Dissociation-Obvious, Dissociation-Fantasy & two validity scales (Under response & Hyper response). TSCC-A is supposed to be used first in Japan.

(B) **(K.F.D) Kinetic Family Drawing**², it is a projective drawing technique understanding children, easy to do, exceeding linguistics & cultural limits. Like other projective drawing tests, easy to express feelings, emotional experiences & aggression, which couldn’t be expressed through verbal talk, (K.F.D) allows the child to express the self concept & the dynamic deep relationships between him & his parents, brothers & sisters. Psychological disturbances can be quickly easily shown through (K.F.D) & evaluating the child abuse too.

**Sample:**
Composed of fifty eight Japanese elementary school students, 32 girls & 26 boys; 6th grades, within the age of 11~12 years old includes only one student aged 10 years old.

**Previous Studies:**
On the 21st May 2009 the Psychological Impact of The Child Abuse³ has been examined by the researchers in “Anew Mayo Clinic”. The study was presented at the American Psychiatric Association 2009 Annual Meeting in San Francisco. The study found that a history of child abuse significantly impacts depressed in patients; increase in suicidal attempts, prevalence of substance use disorder & a higher rate of personality disorder. Earlier onset of mental illness & psychiatric hospitalizations increase, were also recognized.

Taro Fukue; Kako Inoue (2008)⁴ showed that child neglection showed immature formation of interpersonal relationships & strong non-social aspects. Physically abused child showed ambivalence in speech & behaviors. Multiply abused child showed antisocial tendencies such as either dominance or submissiveness.

Laurie Van Egeren⁵ (2008); pointed the family systems beyond the parent-child relationship
contributing positive & problematic child development. Family systems are also tied to larger social issues, such as: gender roles, parenting expertise of mothers versus fathers, division of labor & the family power balance.

Kaori Okada et al., (2008) in their study they showed that parental “child affirmation is important to decrease the child’s problematic behaviors’ & the child’s temperament is important to increase the parental affirmation.

Menahem G., (1987) in the French INSEE Survey Questionnaire, reported that a very significant indications correlations between repeated illness & family traumas encountered by the child before 18 years old; pointing that the origins of the illness refers to the Lack of family affection, parental discord, the prolonged absence of a parent during childhood.

Results obtain from Data collected:
By categorizing the students’ profiles in the (TSCC-A), as mentioned before, it indicates:
1. 48 Average Profiles (29 girls – 19 boys) [Average T-score is 50, standard deviation is 10]; meaning that 83% out of a total of 58 students, were normal/average ranged. Such percentage hasn’t been through traumatic or child abuse events. Also, it didn’t show any related psychological symptoms, such as: anxiety, depression, anger, post-traumatic stress & dissociation.
   - 28 Average profiles (17 girls, 11 boys) with Average (UnD), meaning: no pretending or symptoms denial.
   - 20 Average Profiles (12 girls, 8 boys) with above average or high (UnD), meaning: symptoms denial.
2. 7 High Profiles (4 boys, 3 girls) [T-Score is more than 65], indicating traumatic exposure or child abuse; indicating high Post-Traumatic Stresses (PTS) & related Psychological Symptoms (ANX, DEP, ANG, DIS).
   - 4 High Profiles (1 girl, 3 boys) with High (HyP), meaning: there are no symptoms pretending.
   - 3 High Profiles (2 girls, 1 boy) with High (HyP), meaning: maybe there’s a pretend impulse that one has overpowered symptom or condition by traumatic stress.
3. Two sheets (boys) within T-Score range 60:65, which indicates some significant possibility.
4. One sheet (boy) obtained Average scores to all scales, except to that of DIS (Dissociation), DIS-O (Overt Dissociation) & DIS-F (Dissociation contains Fantasy).
5. One Sheet (boy) didn’t answer the TSCC-A questionnaire; while, he had undergone the drawing test.

Regarding to (K.F.D):
A. Average Profiles:
   A.1. Students who have average profiles & average (UnD), showed:
      ● Normal identification.
Lack of warm family relations (no communications).

- The father's absence, who sometimes takes the superiority positions, such as: sitting on the chair while the mother is sitting on the floor.
- Depressive reactions & anger.

(Figure 1 as an example)

A.2. Students who have Average Profiles & High (UnD) [might pretend symptoms non-occurrence or symptoms denial], showed:

- Normal identification, sometimes missing sexual identity.
- Lack of warm family relationships/No communications.
- The father's absence, he's interested in nothing but alcohol.
- Childish, weakness & sometimes psychological family members' castration.
- Refusing the family situation (no eyes, ears, nose, mouth, legs & arms were drawn) & back facing the parents.
- Maternal deprivation.
- Pretending to be happy & in good relationships.

(Figure 2.1 & 2.2 as an example)

B. High Profiles:

B.1. Students, who have High Profiles & Average (HyP), showed:

- Normal identification, sometimes identification with mother.
- Lack of warm family relationship.
- Refusing the family situation & back facing to parents.
- Image of weak mother (sitting).
- Absence of the father & sometimes aggressive image.
- Family image is very childish, including psychological castration.
- Controlling tendencies (stretching down the arms).

(Figure 3 as an example)

B.2. Students, who have High Profiles & High (HyP), meaning: one might pretend symptoms or conditions that is overpowered by traumatic stress; showed:

- Normal identification.
- Lack of family communications.
- Refusing the family situation (forgot to draw himself, closing eyes, acting in an acceptable way).
- Family relation sometimes is needed regarding culture (just for taking a picture).
- Aggressive father's image.
- Parents were warm less & maternal deprivation.
- Psychological castration (distorted hands).
● Fantasies sometimes an alternative solution.
  (Figure 4 as an example)

C. Profile with sub significant score & Average (UnD) & (HyP), showed:
  ● Aggression towards the family (insisting to draw cartoon features).
  ● Denying the human body may indicate family, human contacts’ lack & refusal, psychological castration & aggression towards the family.
  ● Parents are just interested in alcohols.
  ● Fantasies are alternative world.
  ● Normal identification.
  (Figure 5 as an example)

D. Average Profile with High scores in (DIS), (DIS-O), (DIS-F), showed:
  ● Unclear sexual identity.
  ● Strong indication to lack of warm family relationship.
  ● Refusing the family situation (back facing the family & the world).
  ● Parental distorted image.
  ● Fantasies are the alternative world (the whole picture has been drawn on top of the page) which was obvious through TSCC-A [High (DIS), (DIS-O), (DIS-F)]
  (Figure 6 as an example)

E. One boy didn’t answer the TSCC-A questionnaire but did the (K.F.D), showing:
  ● Normal identification.
  ● Lack of family relationship.
  ● Paternal aggressive image.
  ● Maternal deprivation & warm less image of the mother leading to depression, conflicts (wrinkles & dark circles on the student’s face while looking to his mother).
  (Figure 7 as an example)

TSCC-A; have differentiated Average Profiles, High Profiles & those who have sub significant score or pretending, as a child exposed to traumatic events or child abuse. In the (K.F.D) all the chosen profiles showed no family communication & warm fewer images, isolated parents & neglected children. Including the Average Profiles [Average or High (UnD)], especially Average Profiles with High (UnD); except one Average Profile, High (UnD) was much more like a normal reacting family image. Average Profiles with average (UnD) were less indicated to such traumatic stresses, neglect & body distortion.

To summarize the results:
All profiles showed common indications:
1. Normal identification – sometimes, is missing the sexual identification.
2. Lack of warm family relationship, isolated parents.
3. Psychological absence & aggressive paternal image.
5. Refusing the family situation.
6. Mostly weakness, sadness, psychological castration was shown.
7. Fantasies are the alternative world.

Lack of warm & dynamic family relationships

+ Warm less mother

+ Paternal absence

| Leads to

| |

=

- Refusing the family situation.
- Psychological castration.
- Fantasies are alternative solutions.

**Discussion:**

Moscovici (1984)³ pointed that a parents' behavior towards a child is a social representations product that has been created overtime.

The Japanese socio-cultural structure & system rose, internalized the social sense & the ultimate reference of group, in addition to severe controlling & judgmental sense; which leads to a sense of dissatisfaction with oneself. Catherine Lewis (1984)⁶ has described an orientation of seeking mutuality rather than individual benefits & controlling systems in the Japanese; Aggression has to be suppressed seeking of the harmony appearance & peacefulness; Children have internalized the social interaction, hidden intentions, intuitions, feelings, rights in a quiet & silent atmosphere & prerogatives of others including those of more powerful people around them.

According to Barnlund's (1975)⁸ the Japanese marked very low levels of physical contact with either the same or opposite sex parent. Also, Blood (1967)⁶ pointed that: the child care is a total mother's responsibility, more defensively to avoid any blame from others that she is not fulfilling her appointed duties.

On the contrary, Caron & Shouten (1935)⁸ had pointed a highly sense of Japanese mothers' responsibility in a closed relationship. Furthermore; Pavenstedt (1965)⁶ emphasized the closed physical union between children & mothers and the sentiment against having outsiders care for
their children.
According to what was mentioned above we can identify the socio-culture changes at which explain such contrast.
The current study clearly showed that all of the children who have High TSCC-A Profile or who have sub significant profiles & also the Average Profiles have Lack of such physical & emotional family relationship, absence of the father & maternal deprivation.

**Referring to William Fairbairn**\(^7\) (object – child relationships) there are two points;

**The first:**
Libido is an object of seeking & primarily aimed to relationship making with others; starting with the parents, such bond & formed connection shapes the emotional life, this internal object relation describes an existing relation in the person’s mind.

**The second:**
Deprivation & frustration raises the internalized bad object’s (unsatisfactory object) image representatives & related aggression, ambivalence & the control impotence. In addition to, a very controlled socio-cultural system, as regarded, represented such psychological castration, family situation refusal & being in the alternative fantasies world.

**Conclusion:**
Our study concludes in regard to what have been hypotheses:

1. Low percentage of traumatic exposed children in normal families & schools.
2. Very high indication of child abuse (child emotional neglect) has been shown through all the children except that of one.
3. Disturbed family images, as lack of family communications & dynamic relationships.
4. No significant differences between High, Average or sub significant TSCC-A profiles regarding the family image shown in the K.F.D.

**Finally:**
We should listen to the children’s hidden, repressed voices, open up the world to them, hold them, give them real love, freedom & time.

**References:**


13. Psychiatric Disorders & Diagnosis in Psychology 101 at ALLPSYCH on line, chapter 9.


