



## Healing from Trauma: A Comprehensive Psychosocial Approach to Recovery from Sexual Abuse, Depression, and Suicidal Ideation

Reji TR

PhD Scholar in Madurai Kamaraj University, Tamil Nadu, India

\* Corresponding Author: Mr. Reji TR

---

### Article Info

ISSN (online): 2583-8261

Volume: 04

Issue: 02

March-April 2025

Received: 16-01-2025

Accepted: 18-02-2025

Page No: 27-29

### Abstract

Sexual abuse is a severe traumatic event with profound and long-lasting implications for an individual's psychological, emotional, and social well-being. Survivors of sexual abuse often experience complex psychopathological outcomes, including Major Depressive Disorder (MDD), post-traumatic stress disorder (PTSD), dissociative symptoms, and suicidal ideation. These symptoms significantly impair daily functioning, interpersonal relationships, and overall quality of life. This case study employs an evidence-based approach to analyze the psychosocial interventions administered to a 23-year-old female survivor of sexual abuse. The study underscores the necessity of a multidisciplinary, trauma-informed therapeutic framework that integrates cognitive-behavioral interventions, familial support systems, and vocational rehabilitation. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Dialectical Behavior Therapy (DBT) were implemented to facilitate emotional regulation and trauma processing, while structured family therapy was utilized to enhance social support. Additionally, a holistic approach incorporating mindfulness practices, guided relaxation, and vocational rehabilitation was employed to promote long-term resilience and reintegration into society. The findings highlight the efficacy of a comprehensive, patient-centered treatment paradigm in addressing both individual psychopathology and systemic sociocultural determinants of trauma recovery. This case emphasizes the importance of integrating psychological, familial, and social support systems to optimize therapeutic outcomes and enhance the survivor's overall well-being.

DOI: <https://doi.org/10.54660/IJSSER.2025.4.2.27-29>

**Keywords:** Sexual abuse, Depression, Suicidal Ideation, Psychosocial Interventions, Trauma-Informed Care, Multidisciplinary Approach

---

### Introduction

Sexual abuse has far-reaching consequences, often leading to conditions such as post-traumatic stress disorder (PTSD), depression, anxiety, and suicidal ideation. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) identifies various trauma-related disorders stemming from childhood sexual abuse, which can manifest in emotional dysregulation, self-harming behaviors, and difficulty in interpersonal relationships (American Psychiatric Association, 2013) <sup>[1]</sup>. The psychological impact of sexual abuse is often exacerbated by feelings of shame, guilt, and fear, which can hinder disclosure and delay intervention. Victims may experience intrusive memories, nightmares, and heightened emotional reactivity, significantly impairing their daily functioning.

---

The effects of sexual abuse are not limited to the psychological realm; they extend into the social and economic domains of a survivor's life. Social stigma, victim-blaming, and lack of support can create additional barriers to seeking help. Family dysfunction, economic constraints, and legal complexities further compound the survivor's distress, making it crucial to implement a holistic approach to intervention. Research suggests that early intervention, trauma-focused therapy, and strong support networks play a critical role in the healing process (Briere & Scott, 2015) [3]. Additionally, childhood sexual abuse can disrupt neurodevelopment, leading to cognitive impairments and maladaptive coping strategies. Studies indicate that prolonged exposure to trauma can alter brain structures responsible for emotional regulation, such as the amygdala and hippocampus (Teicher *et al.*, 2016) [8]. These changes can result in heightened reactivity to stress, difficulties in forming healthy relationships, and increased vulnerability to psychiatric disorders. Recognizing these neurobiological effects is essential in tailoring interventions that address both the psychological and physiological consequences of trauma. Given these complexities, a comprehensive treatment approach is necessary to facilitate recovery. Trauma-informed care, which acknowledges the pervasive impact of trauma and prioritizes the survivor's safety, empowerment, and healing, is essential in providing effective support (SAMHSA, 2014) [5]. Evidence-based therapies, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Dialectical Behavior Therapy (DBT), have demonstrated effectiveness in reducing symptoms of PTSD, improving emotional regulation, and enhancing coping mechanisms (Cohen *et al.*, 2017) [4].

This case study presents the interventions provided to a young survivor, emphasizing the importance of a multidisciplinary approach that integrates psychological, familial, and social support systems. By addressing both individual psychological needs and systemic barriers, this report aims to highlight the significance of holistic healing in trauma recovery.

### Methodology

A single-subject case study design was employed to examine the intervention strategies for a 23-year-old female diagnosed with Major Depressive Disorder (MDD) with suicidal ideation. This study utilized a comprehensive, multidisciplinary approach incorporating clinical, psychosocial, and holistic methodologies.

From a clinical perspective, the assessment included psychiatric evaluations, structured interviews, psychometric assessments, and continuous monitoring of symptom progression. Medications were prescribed as necessary to manage depressive symptoms and ensure stabilization. Regular psychiatric consultations facilitated adjustments in pharmacological treatment, ensuring an optimal therapeutic response.

The psychosocial dimension of the intervention involved qualitative and quantitative assessments of familial dynamics, social support systems, and environmental stressors. Structured therapy sessions, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Dialectical Behavior Therapy (DBT), were implemented to help the patient process trauma and develop coping mechanisms. Support group participation was encouraged to

enhance social reintegration and peer support.

A holistic approach was employed to complement clinical and psychosocial interventions. This included mindfulness practices, guided relaxation techniques, nutritional counseling, and physical activity to promote overall well-being. Special attention was given to resilience-building strategies and self-efficacy enhancement, ensuring long-term recovery and independence.

Throughout the intervention, observational methods were utilized to monitor progress. Documentation of session notes, therapy adjustments, and patient feedback provided valuable qualitative insights into treatment efficacy. Regular follow-up sessions allowed for the evaluation of emotional well-being, coping mechanisms, and overall recovery trajectory.

### Case Summary

Miss XY, a 23-year-old female from a middle class rural socio-economic background, was referred to a psychiatric facility following multiple suicide attempts and persistent depressive symptoms. She had a history of sexual abuse by a neighbor, which she disclosed only after developing severe emotional distress. Her symptoms included frequent crying spells, self-harming, frequent suicide attempts, social withdrawal, flashbacks of the abuse, insomnia, and an overwhelming sense of hopelessness.

Family assessments revealed good supportive relationships, particularly with her parents. She is a single child to her parents. The parents were present for the therapeutic process, and the emotional attachment and reputation of the parents created fear to Miss XY. She was not able to reveal to her parents about the abuse that leads her to depression and trauma. Additionally, she displayed significant academic difficulties, having dropped out of her college due to her mental health struggles.

### Psychosocial Interventions

A structured intervention plan was implemented, focusing on three levels: individual therapy, family interventions, and community support.

#### A. Individual Therapy:

- **Trauma-Focused cognitive behavioral therapy (TF-CBT):** Used to address traumatic memories, challenge distorted beliefs, positive thinking and enhance coping mechanisms.
- **Emotional regulation training:** Techniques such as mindfulness, grounding exercises, and progressive muscle relaxation were employed.
- **Safety Planning:** A crisis intervention plan was created, including emergency contacts, distress tolerance activities, and the development of a personal resilience journal.
- **Spiritual support:** It was given to increase her hope and to respect her dignity. It was given to her to be more open up to the treatment and it made her to understand that her life is still valued.

#### B. Family Interventions:

- **Psychoeducation for caregivers:** The parents were provided with education about trauma responses and the importance of validating Miss XY's experiences.
- **Rebuilding parent-child bond:** Facilitated therapeutic dialogues between Miss XY and her parents to enhance communication and support.

### C. Community and Legal Support:

- **Mandatory reporting and legal assistance:** The case was reported by ensuring legal proceedings were undertaken with trauma-informed care.
- **Vocational Rehabilitation:** Miss XY was encouraged to resume her studies with a supporting system of teachers and her parents.
- **Family Therapy:** It was given for the better support system and security for the social reintegration and provided a sense of family protection.

**D. Clinical support:** Psychiatric medication was given and slowly the medication dose reduced when there was progress. She reached in a state where she could survive with out medication.

### Outcomes from therapy

Over a six-month intervention period, Miss XY showed significant improvement. Her depressive symptoms decreased, and she reported no suicidal thoughts or attempts. She demonstrated greater emotional regulation, engaged more actively in social settings, and resumed her studies. Additionally, her relationship with her parents improved, creating a more supportive home environment. The resumed college studies provided her with a renewed sense of purpose and self-worth.

### Discussion

The case highlights the profound impact of sexual abuse on mental health and underscores the importance of multi-disciplinary intervention. Trauma-informed care, which integrates psychological, familial, medical, psychiatric and legal support, plays a crucial role in the recovery process. The combination of TF-CBT, emotional regulation strategies, and family therapy proved effective in fostering resilience and reducing distress.

Despite these successes, challenges such as initial resistance of the victim towards the therapies, treatments and societal stigma posed hurdles in the therapeutic journey. Future interventions should focus on community sensitization and expanded access to trauma-informed resources to improve survivor outcomes. The family and individual have to improve the attitude towards seeking the mental health services when there is triggering situations.

### Conclusion

This case study demonstrates the effectiveness of a structured psychosocial intervention in aiding the recovery of a sexual abuse survivor. The integration of psychological support, family therapy, spiritual support, medical, psychiatric and legal assistance ensures holistic healing, highlighting the need for collaborative efforts in trauma recovery. Continued research and policy advocacy are essential to enhance support systems for survivors and prevent long-term psychological distress.

### Acknowledgements

We extend our gratitude to the girl and her family for their participation, as well as to the multi-disciplinary team members and legal authorities who facilitated this intervention.

### References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Washington, DC: American Psychiatric Association; 2013.
2. Bailey R, Pico J. Defence Mechanisms. StatPearls Publishing; 2023.
3. Briere J, Scott C. Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Sage Publications; 2015.
4. Cohen JA, Mannarino AP, Deblinger E. Treating Trauma and Traumatic Grief in Children and Adolescents. Guilford Press; 2017.
5. Substance Abuse and Mental Health Services Administration (SAMHSA). Trauma-Informed Care in Behavioral Health Services. Substance Abuse and Mental Health Services Administration; 2014.
6. Sherif Y, *et al.* Effectiveness of life skills intervention on depression, anxiety, and stress among adolescents. Malaysian Journal of Medical Sciences. 2023;30(3):42–59.
7. Subramanyam AA, *et al.* Psychological interventions for dissociative disorders. Indian Journal of Psychiatry. 2020;62(Suppl 2):S280–S289.
8. Teicher MH, Samson JA, Anderson CM, Ohashi K. The effects of childhood maltreatment on brain structure, function, and connectivity. Nature Reviews Neuroscience. 2016;17(10):652–666.