

Original Research Article **Emotional Freedom Techniques for Childhood Sexual Abuse Survivors**

ABSTRACT

Childhood Sexual Abuse (CSA) is a phenomenon that has affected the lives of many women and female adolescents. Eleven (11) residents of a center for abused females were included in this study. Using the case study research method of Yin, data was gathered from multiple sources. Findings were (1) emotion regulation skills were enhanced for some participants; (2) estrangement or hostility from family contributed to the prevalence of the symptoms; (3) some participants' precursor to change characteristics may have hindered therapy progress; (4) EFTs lack an emphasis on building therapeutic alliance; (5) Cognitive Behavioral Theory when used with EFTs make the sessions more helpful; (6) outside factors may have affected the worsening or reduction of symptoms; (7) there is a need to distinguish between tapping for day-to-day management of emotions and tapping on core issues; and (8) assessment, case conceptualization, and the preparation of a treatment plan play an important role if there is to be treatment success. Recommendations include suggestions to enhance the therapeutic process, considerations that need to be made in relation to symptomatology of CSA survivors, their precursor to change characteristics, standardizing the implementation of EFTs, and integrating Cognitive Behavioral Theory with EFTs so that a more structured therapeutic approach can be made.

Keywords: Childhood Sexual Abuse, Emotional Freedom Techniques, Depression, Stress, Anxiety.

INTRODUCTION

The experience of Childhood Sexual Abuse (CSA) has very far-reaching effects on individuals. There are many areas in the biopsychosocial dimension that are affected as a result of the experience. It affects females in ways that haunt them for the rest of their lives. Not everyone gets the help that they need immediately. Some can get help years after they experience CSA. For those who are lucky enough to get help, there are therapies available to them. However, treatment outcomes may vary as a result of different variables that might come into play.

It is a global concern because of how developmental trajectories may take a negative direction, causing the individual to develop psychopathological symptoms, if not psychological disorders, for as long as this experience is not processed. Around one billion children and adolescents between the ages of two to 17 have experienced physical, sexual, or emotional abuse as of 2018 (World Health Organization, 2019). These children are at higher risk of developing posttraumatic stress disorder, depression, and suicide (Paolucci, Genius, & Violato, 2001). Many countries have taken initiatives to protect victims of sexual abuse. For instance, the Center for Disease Control and Prevention in the United States have come up with strategies backed by evidence that were designed to prevent sexual violence (Center for Disease Control and Prevention, 2018). UNICEF has been at the forefront among the organizations that are committed to ending violence against girls and

women worldwide. They are doing this by encouraging policy reform in many countries all over the world (Ferguson, 2018).

In the Philippines, it has been estimated by the Philippine Commission on Women from 1999 to 2009, approximately thirteen percent (13%) of violence against women was in the form of rape. Centers have been put up by the government to help address the issues of violence against women. However, these centers are not well-funded. These centers may also need the help of licensed mental health professionals apart from government-appointed Social Workers who work with them.

In Mindanao, there are approximately four centers that cater to abused women and children (Department of Social Welfare, 2019). However, the center where the study was conducted was not mentioned. This particular center houses sexually abused female adolescents and adults who are awaiting trial as well as those needing a place to live because their perpetrators are family members or prominent members in their community. This center invites Registered Psychologists to work with the residents, but they do not have the budget to pay for the services. This researcher was asked to provide therapeutic services to the residents of the facility to help equip them with coping skills that will help them when they are eventually reintegrated into society.

Emotional Freedom Techniques have gained ground over the past decade. Many have advocated their use as a standalone therapy that is so versatile that it can resolve many, if not all, psychological symptoms. Many studies have also been conducted so that in the United States and some countries in Europe, Emotional Freedom Techniques are now considered as evidence-based therapeutic techniques to be used on PTSD symptoms of war veterans, for example. Emotional Freedom Techniques, according to research, can also be self-administered and can be added to their repertoire of coping skills that may help them in dealing with their emotional, physiological, and psychological issues. As such, this researcher wanted to explore the effectiveness of Emotional Freedom Techniques to help alleviate their symptoms of depression, anxiety, and stress. In this research it was assumed that Emotional Freedom Techniques, through the unblocking of energy points, can help improve one's psychological well-being. Through a case study research design, the researcher explored the ways through which Emotional Freedom Techniques have been effective or not effective in the relief of their symptoms

Research Objectives

The goal of this study was to determine the effect of Emotional Freedom Techniques on psychopathological symptoms of female Childhood Sexual Abuse (CSA) survivors. Specifically, this research sought:

1. To determine the profile of the participants based on their case reports;
2. To determine the psychological and emotional state of the participants before the intervention; and
3. To determine the changes experienced by the participants after the intervention was provided to them through cross case analysis.

METHODOLOGY

Design

The researcher wanted to establish whether there are changes in CSA survivors when Emotional Freedom Techniques are used as a therapeutic technique. Emotional Freedom Techniques, when used as a therapeutic technique, vary. As such, the most appropriate way to study this is through Case Study Analysis using Case Reports of eleven (11) participants as the units of analysis. Case Study Analysis is typically used for unique programs,

programs where there is difficulty in measuring program impacts, and where an understanding the program implementation in detail can help others design future intervention programs using Emotional Freedom Techniques (Balbach, 1999).

Participants

The participants of this study were residents of the center for sexually abused females. There were eleven (11) participants who were chosen for this study. The following were the inclusion criteria that were used for the selection of the participants were (1) the participant must have been a survivor of childhood sexual abuse; (2) the participant needed to be a resident of the facility; (3) The participant lived in the facility for at least three months at the time that the study was conducted; (4) the participant was willing to participate in the study; and (5) the participant attended at least five (5) sessions of the intervention program.

Research Instruments

The following instruments were used in the study: The Basic Personality Inventory was developed by Jackson (1989) as a multidimensional psychological test to measure psychopathology and psychosocial adjustment. It is a 240-item self-report measure. The DASS-21 was originally developed by Lovibond and Lovibond (1995), but the psychometrics for the tests were established by Antony, Bieling, Enns, & Swinson (1998). The Emotional Freedom Technique Manual (Donn & Donn, 2017) was used as a reference. The Narrative Evaluation Intervention Interview (NEII) was developed by Hasson-Ohayon, Roe, and Kravetz (2006) as a way to qualitatively evaluate and evaluate the effectiveness of an intervention program through its process and outcome. The Precursors to Change matrix was also used to determine the areas in which the participants may need more help during therapy. The Precursors to Change matrix is based on the model proposed by Hannah (2002) to identify which factors may be inhibiting change.

Data Treatment and Analysis

The findings came from multiple sources of data. The data gathered from the participants to answer the research questions included the pretest and posttest scores, the BPI scores, data from the first big group session, session notes, and interview notes, which were integrated in the case study reports. The researcher then searched for patterns within and among the Case Reports, which were the units of analysis, by evaluating the case reports individually. Apart from the Case Reports, the Precursors to Change matrix was used to determine whether the participants were ready to change through therapy.

Additionally, Key Informant Interviews (KIIs) were conducted on the participants. The audio recordings were transcribed, translated, and analyzed for themes (Appendix). Each research objective was answered and then conclusions were based on the weight of the evidence gathered. Conclusions were also made based on a cross-analysis of the case reports included in this research.

3. RESULTS

Profile of Respondents

Table 1 shows that the youngest participant was Louise, who is 13 years old while the oldest participant was Farah, who is 23 years old. The participant who has stayed at the center the longest is Mia while the participants who have stayed there for a shorter amount of time were Lorraine, Jade, and Sarah. The earliest age that a participant has been abused was Michelle at approximately two (2) years old while the oldest age that the participant has been

abused were Louise and Ava at nine (9) years old. Most of the perpetrators were relatives, except for Michelle's and Mildred's perpetrators. The latter two experienced sexual abuse by their neighbors, classmates, and an unidentified man. Among the participants, only seven (7) out of the eleven (11) have filed cases in court against their perpetrators. Only Louise and Lorraine's perpetrators are now in jail.

Table 1. Sociodemographic Profile of the Participant

	Age	Years at Center	Age of first abuse	Perpetrator	Case Filed	Case Resolved
Louise	13	3	9	Stepfather	Yes	Yes
Lorraine	14	0.5	8	Cousin	Yes	Yes
Jade	14	0.6	4	Uncle	Yes	Pending
Sarah	15	0.5	5	Cousin and Father	No	No
Michelle	16	2	2	Cousin, half brother, neighbors, classmates	Yes	Pending
Sharon	16	2.3	4	Father, Cousins	Yes	No data
Tabitha	18	2	6	Father	No data	No data
Mildred	19	2	7	Grandfather, brother, unidentified man	No	Brother is in jail, grandfather is dead
Mia	20	7	4	Brothers, Foster Father	Yes	Pending Court of Appeals
Ava	21	5	9	Uncle	Yes	No data
Farah	23	4	4	Uncle, Cousins, Maternal Grandfather	No data	No data

Table 2 shows the participants' pretest DASS-21 scores. Louise and Mia had normal pretest DASS-21 depression scores while Lorraine and Michelle had Extremely Severe scores. Also, in terms of anxiety scores, five (5) participants' scores were normal while five (5) participants' scores were in the Extremely Severe range. Finally, in terms of their Stress scores, two (2) participants were in the normal range while only one (1) participant, Michelle, was in the Extremely Severe range.

Table 2. Pre-Test DASS-21 Scores

	Age	Depression	Interpretation	Anxiety	Interpretation	Stress	Interpretation
Louise	13	8	Normal	6	Normal	18	Mild
Lorraine	14	34	Extremely Severe	22	Extremely Severe	16	Mild
Jade	14	14	Moderate	20	Extremely Severe	22	Moderate
Sarah	15	20	Moderate	16	Severe	18	Mild
Michelle	16	34	Extremely Severe	30	Extremely Severe	26	Extremely Severe
Sharon	16	18	Moderate	22	Extremely Severe	22	Moderate
Tabitha	18	12	Mild	4	Normal	6	Normal
Mildred	19	16	Moderate	6	Normal	20	Moderate
Mia	20	6	Normal	4	Normal	6	Normal
Ava	21	22	Severe	20	Extremely Severe	20	Moderate
Farah	23	23	Moderate	6	Normal	16	Mild

Shown in Table 3 is the elevated BPI scores of the participants. There were six (6) participants who had elevated scores in the Social Introversion dimension. There were also six (6) participants who had elevated scores in the Deviation dimension. Among the participants, only Farah had an elevated score in the Hypochondriasis dimension and only Michelle had an elevated score in the Interpersonal problem dimension. These elevated scores may also give an idea of what kind of psychological issues each participant is facing.

Table 3. Elevated BPI Scores of the Participants

	Age	Elevated BPI Scores
Louise	13	None
Lorraine	14	Thinking Disorder (72)
Jade	14	Thinking Disorder (74), Social Introversion (74), Deviation (72)
Sarah	15	Self-Depreciation (87), Deviation (72)
Michelle	16	Depression (71), Interpersonal Problem (71), Alienation (79), Thinking Disorder (75), Social Introversion (81), Self-Depreciation (83), Deviation (92)
Sharon	16	Thinking Disorder (70), Social Introversion (75)
Tabitha	18	Persecutory Ideas (86), Thinking Disorder (87), Self-Depreciation (77), Deviation (92)
Mildred	19	Denial (73), Social Introversion (68)
Mia	20	Alienation (72), Persecutory Ideas (74), Thinking Disorder (83), Social Introversion (65), Self-Depreciation (73), Deviation (83)
Ava	21	Alienation (76), Persecutory Ideas (70), Thinking Disorder (92), Deviation (87)
Farah	23	Hypochondriasis (71), Persecutory Ideas (70)

Based on the data gathered from the participants, the researcher filled out the Precursor to Change matrix to estimate their characteristics related to their readiness for change. Table 4 shows the participants' Precursors Model of Change Scores.

Table 4 shows the Precursor to Change scores of the participants as well as the areas that need to be monitored for each. It can be seen that Michelle and Lorraine had low scores which suggest that any therapeutic changes may be limited or erratic. Further, when working with them, they need to be educated on the dimensions where their rating is low. Also, Tabitha and Mildred's scores suggested that therapeutic change is steady and noticeable. Most of the participants' scores, however, were high, suggesting that they ranged from highly motivated to inspired.

Table 4. Precursors to Change Scores of the Participants

Name	Age	Precursors to Change							TOTAL	Interpretation
		Sense of Necessity	Willingness for Anxiety	Awareness	Confronting	Effort Toward Change	Hope for Change	Social Support		
Louise	13	3	3	4	4	3	3	3	23	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Lorraine	14	1	2	3	2	2	2	2	14	Change limited or erratic: Educate client and focus on precursors with lowest ratings
Jade	14	4	4	4	4	4	4	4	28	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Sarah	15	4	3	3	3	3	3	3	22	Change limited or erratic: Educate client and focus on precursors with lowest ratings
Michelle	16	1	2	3	1	1	1	1	10	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Sharon	16	4	3	3	3	4	3	3	23	Change is steady and noticeable: Use the lowest rated precursors to stay on track
Tabitha	18	2	2	2	2	3	3	2	16	Change is steady and noticeable: Use the lowest rated precursors to stay on track
Mildred	19	3	3	3	3	2	2	2	18	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Mia	20	4	3	3	3	2	2	2	19	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Ava	21	4	3	3	3	4	4	3	24	Highly motivated to inspired. Change occurs easily. Standard approaches work well.
Farah	23	3	3	3	3	3	4	3	22	Highly motivated to inspired. Change occurs easily. Standard approaches work well.

Changes Experienced by the Participants

Table 5 shows an evaluation of the movement of the DASS-21 scores of the participants. Those whose evaluations were considered effective were in normal levels by the 60-day follow-up. Those whose evaluations were considered Somewhat Effective were those participants whose scores decreased but not enough to consider the range normal. Those whose evaluations were considered Not Effective were those whose scores increased.

Table 5: Levels of Depression, Anxiety, and Stress of the Participants

Name	Age	Depression	Anxiety	Stress
Louise	13	Effective	Somewhat Effective	Effective
Lorraine	14	Somewhat Effective	Not Effective	Not Effective
Jade	14	Effective	Somewhat Effective	Effective
Sarah	15	Not Effective	Not Effective	Not Effective
Michelle	16	Somewhat Effective	No Change	Somewhat Effective
Sharon	16	Effective	Effective	Effective
Tabitha	18	Effective	Not Effective	Not Effective
Mildred	19	Effective	Not Effective	Effective
Mia	20	Not Effective	Not Effective	Not Effective
Ava	21	Effective	Somewhat Effective	Somewhat Effective
Farah	23	Effective	Not Effective	Effective

Themes from the Key Informant Interviews. Table 6 shows the different themes that were extracted from the case analyses and the other data gathered by the researcher. The researcher analyzed the data and came up with themes. The main themes extracted from the data were reflected in Table 6.

Table 6 : Different themes extracted from the case analyses

Themes	Changes Described
Effect on emotion regulation skills of the participants	Control of emotions Release of emotions Identification of emotions Increased awareness of emotions Changing negative emotions/thoughts to positive emotions/thoughts through tapping
Improvement of cognitive functioning	Remembering tasks better Remembering lessons at school Retaining information longer
Physiological effects on participants	More relaxed after tapping Better quality of sleep because of tapping

Cathartic effect on the participants	Feeling lighter after the sessions
Reduction of Psychopathological symptoms	Reduction in temptation to self-harm No more fainting spells
Increase in Self-Awareness	Identification of weaknesses Ability to monitor thoughts to explain or rationalize good/bad behavior
Blocks to Treatment Success	Hesitance to discuss the past Inability to explore deeper into feelings to identify main issue Interpersonal problems especially with other girls in the center Trust issues prevented them from speaking up Issues with family made it difficult for some to manage their moods Wholehearted participation during the sessions Feeling uncomfortable in group sessions
Factors that contributed to treatment success	Readiness for change Willingness to explore their past Willingness to disclose personal issues Consistency in tapping
EFTs and Counseling	Counseling alone helps them come to terms with the past but tapping helps them Tapping helps them deal with their emotions There is a hesitance to speak or express oneself during counselling

DISCUSSION

There are findings that explain why EFTs were successful for some participants and why they were not for others. First, emotion regulation skills which may have been affected by the participants' experience of CSA were enhanced for some participants but not enough for others. Second, coming to terms with estrangement or hostility from family contributed to maintenance of some symptoms. Third, some participants may not have been ready to change, so regardless of what therapeutic approach is used, their levels of depression, stress, and anxiety will not change. Fourth, there is a lack of emphasis for EFT practitioners to building therapeutic alliance prior to the intervention. Fifth, Cognitive Behavioral Theories, when used along with EFTs make the sessions more helpful for CSA survivors. Sixth, outside factors such as one's environment have an effect on the maintenance or reduction of symptoms. Seventh, while tapping may work on emotions, there needs to be an emphasis that allows the client to distinguish between tapping for day-to-day management of emotions and tapping on core issues. Finally, EFTs operate in much the same way other therapies operate and can therefore be evaluated in the same way as other therapies. This makes the process of assessment and case conceptualization just as important if there is to be treatment success.

Enhancement of Emotion Regulation Skills.

Emotion Regulation Skills were enhanced as a result of EFTs. According to Shepps, Suri, and Gross (2015), the ability to regulate emotions has an effect on the development of psychopathological symptoms. The ability to regulate emotions, according to them, involves being able to identify what they are, selecting options that help regulate them, implementing the chosen option, and monitoring the implementation over time. In addition, Nolen-

Hoeksema (2012) mentioned that women tend to ruminate more than men, which partially explains the ineffectiveness of Emotional Freedom Techniques on some of the participants who have this tendency.

Childhood Sexual Abuse (CSA), according to Hebert, Langevin, and Oussaid (2018), affects an individual's ability to regulate emotions. Putnam, Harris, and Putnam (2013) even mentioned that the experience of four or more adverse events in childhood may determine the severity of psychopathological symptoms that a CSA survivor may experience during adulthood. Some of the participants were subject to multiple abuse and also neglect. Thus, it can be expected that they experience difficulty in regulating their emotions.

In addition, it was mentioned that those who have survived early and chronic trauma, labeling and identifying emotions may pose as a problem (Briere & Scott, 2015). For example, they may not be able to distinguish anger from other emotions. In the case of Lorraine, her anger may be just homesickness or loneliness. Hence, teaching the participants the new skill of tapping as a way to deal with intense emotions is helpful to them. This is one way they can learn to label and identify their emotions and consequently deal with them.

The Role of Estrangement and Hostility from the Family in Developing Psychopathological Symptoms of CSAs.

Most of the participants had perpetrators who were part of the family, although not all of them are estranged from them. According to Afifi and Macmillan (2011), supportive relationships and a stable environment provided by families contribute to a CSA survivor's resilience. Additionally, Domhardt, Munzer, Fegert, and Goldbeck (2014) have also mentioned support from the family has an important role in ensuring that an individual is able to function normally even if they were subject to experiences of CSA. Sexual abuse that is perpetrated by family members or those who children trust, eventually results in feelings of betrayal, especially once the child begins to realize that they have been lied to (Finkelhor, 1990). It has been challenging for some participants to be so far away from their families. Lorraine worried about their parents and this was causing her anxiety. On the other hand, Ava was very young when she moved away from her home that she is not attached to her family. In her case, there was no distress over being away from home. Research has shown that family support plays an important role in buffering the effects of Childhood Sexual Abuse. Estrangement from family thus can exacerbate effects of CSA on some of the participants. Apart from that, their perceived caregiver belief following their CSA disclosure may also play a part in the maintenance of negative emotions. Witek (2019) has mentioned that perceived caregiver belief can prevent the development of psychopathological symptoms.

Precursors to Change.

One of the more important factors to ensure therapeutic success in a client's precursor to change. According to Hanna (2002), taking a look at seven (7) variables of his Precursor to Change Model would explain why progress is made in therapy for some clients and why it would not for others. In this research, participants were rated in terms of their readiness to change based on their response to therapy and other factors. Those who scored high were able to derive the most benefits from the EFT sessions. This is a consideration that needs to be made and must be determined in the beginning of therapy. The clients' characteristics that predispose them to change strongly influence treatment progress.

Lack of Emphasis Placed on Therapeutic Alliance.

Therapeutic alliance is composed of the bond between the client and the therapist, the agreement about the goals of therapy, and the agreement about the tasks of therapy (Wampold, 2015). There is hardly any literature that discusses the role of the clinician in EFT work. In the Clinical EFT Handbook, Frost (2013) discusses how important the therapeutic or healing relationship is to ensure treatment success. However, she focuses on transference and countertransference. Donn (2013) gives an example of how to start the session. In his example, he suggested to begin the session with the client through EFTs. The session immediately begins with tapping. However, in Donn and Donn's (2017) EFT Manual, there was a brief mention of therapeutic alliance.

The absence of a treatment plan may not allow the clinician to determine treatment length, identify the client's core issue, and work with the client's core issues. The risk here is that the client may only mention issues related to managing day-to-day emotional reactions rather than going into the details of the traumatic experience. Basically, it's like a band-aid solution to addressing what may be a bigger problem. Wampold (2015) mentioned that based on his contextual model, an agreement with the client about the therapy needs to be elicited. Otherwise, the patient will not likely implement what was discussed in therapy.

Cognitive Behavioral Theories must be used along with EFTs for EFTs to work well.

Although tapping the points with EFTs helped the participants become more relaxed, it was the cognitive shifts that occurred that may have had more of an effect on reducing the participants' levels of depression, anxiety, and stress. EFTs thus augment Cognitive Behavioral Therapy and these have allowed CSA survivors to identify their core beliefs and deal with the emotions that result as a consequence of the cognitive distortions that supported their core beliefs.

A study conducted by Waite and Holder (2003) mentioned that EFTs were not effective just by tapping the meridians. In fact, they were more effective in the same way traditional therapies were. Their findings suggested that EFTs were not dependent on tapping the meridian points. It worked the same way that systematic desensitization and distraction work. In other words, a search for studies have yet to explore why EFTs work and the mechanisms through which they work because tapping alone may not guarantee therapeutic change in clients.

The Importance of Addressing Core Issues.

While tapping has helped most of the participants in addressing their depression, anxiety, and stress symptoms, there is a need to emphasize the importance of addressing core issues. Getting to the bottom of the client's psychopathological symptoms sometimes involves learning about what is making these symptoms worse.

Assessing the client with an appropriate battery of tests that focus on the symptoms of the experience of Childhood Sexual Abuse can provide the clinician with information that is needed to address and identify the client's core issues. Apart from that, assessment can also help the clinician identify the presence of comorbid or more severe disorders, which may not be helped by Emotional Freedom Techniques. For example, three participants engaged in non-suicidal self-injury, which are indicative of a dysregulation in their stress responses, an impairment of their working models of themselves and others, and a desire to regulate emotions (Fleming & Aronson, 2019). The experience of CSA can also manifest in different ways for different persons. However, there are commonalities among them that need to be understood and contextualized. Hence, an understanding of childhood trauma experiences and their effects on individuals is important in ensuring treatment success.

Specific Aspects Need to be Explored.

One of the major tasks of a therapist when using EFTs is to identify Specific Aspects of an event. These aspects form a bigger part of the picture in an emotionally charged event. According to Craig (2019), specific aspects that have not been addressed can become a source of feelings that remain intense during EFT interventions. The more Specific Aspects there are within an event, the more time it will take to completely decrease emotional intensity of an event. Therapists using EFTs need to be thorough in exploring these aspects. Sometimes, during an EFT session, as one aspect is cleared, another starts to appear. This usually happens when (1) the therapist focuses on a new detail; (2) the emotional intensity of an event using the SUDS will not decrease to zero; (3) the emotional intensity comes back; and when (4) the emotional intensity increases.

The Need to Tailor-fit EFT Treatments for CSA Survivors.

Although there are attempts to standardize treatment for different psychological disorders such as PTSD for War Veterans, CSA survivors' needs have to be considered when conceptualizing their treatment plans that are tailor-fit for them. Diagnault and Hebert (2009) have studied effects on the effect of CSA on challenges faced by their participants on school and have found that students who were sexually abused experienced difficulties at school which included difficulties in their academics, behavioral difficulties such as acting out or withdrawing, presenting many psychopathological symptoms, and those who were resilient. They also suggested that there has to be differential treatment provided to these students based on their functioning.

In standardizing treatments for CSA survivors, there is also a need to recognize that they may manifest symptoms in different ways. As previously mentioned, Diagnault and Hebert identified school functioning profiles of adolescents who were sexually abused. This can be a way to assess those with CSA experiences to enhance their academic functioning. Centers that cater to CSA survivors can enhance academic functioning, behavioral problems, and interpersonal functioning by customizing treatments for this population perhaps by having these dimensions assessed and closely monitoring them.

Outside Factors May Affect Effectiveness of EFT Intervention.

Just like with any other intervention, EFTs are effective when the client's therapeutic change and journey is supported by an environment that allows it. In the case of the participants, interpersonal relationships within the center have also acted as somewhat of a trigger to everyone living in the center. Lynskey and Fergusson (1997) have found that adolescent CSA survivors are at risk for adjustment difficulties except when the nature and quality of peer and family relationships are good.

It is important to note is that cases of CSA have different symptomology and case presentations. Each individual with an experience of sexual abuse will also have different ways of dealing with them and because of this, this will pose a challenge for clinicians who want to approach this with a standardized treatment that will apply to all cases. While treatment outcomes can be measured by success or failure in the reduction of symptoms, the approach used with each individual with childhood sexual abuse experience will likely be different for each one.

In the conduct of this study, the population was small and homogenous. However, the participants presented with diverse symptoms and CSA experiences. There is also a need to

recognize that time gap between the experience of Childhood Sexual Abuse and Emotional Freedom Techniques to understand why some participants progressed faster than others.

IMPLICATIONS

EFTs were used techniques to help CSA survivors with their levels of depression, stress, and anxiety. There were eleven (11) participants who lived at a center for women in Mindanao, who took part in this research. The findings of this study are tentative at best. The researcher used a case study approach to answer research objectives which were to describe the participants' status prior to the intervention which were to determine the profile of the participants based on the case reports, determine the status of the participants before the intervention, and finally, to determine the changes experienced by the participants.

Numerous observations included ideas to help improve aspects of the therapeutic process and the use of EFTs during sessions. The researcher also observed that EFTs also employ Cognitive Behavioral Theories as well as principles of Energy Psychology. This researcher believes that EFTs are effective because of the use of CBT along with the tapping. Although proponents of EFTs say that EFTs are now evidence-based, this researcher believes that a more structured approach in EFT sessions would enhance its effectiveness.

Results show that EFTs are not always effective in all cases to help reduce symptoms of depression, anxiety, and stress of CSA survivors. Many factors can affect the effectiveness of the intervention such as participant characteristics, some improvements that need to be made in improving or enhancing the therapeutic process, and finally, the recognition that Cognitive Behavior Theory will play a major part in treatment success as well.

Taken together, these results show that EFTs can be further improved by adding more elements to the counseling process and by anchoring its practice not just on Energy Psychology but also on Cognitive Behavioral Theories. Doing so will enhance EFTs effectiveness in the longer-term.

CONSENT

The author has requested and received approval from the respondents. both informed consent and assent forms has been completed, signed and documented.

ETHICAL APPROVAL

Ethical considerations are important to be made during the conduct of a study. This ensures that this research considered the participants' best interests. This also ensures that boundaries that may make the participants uncomfortable or that may impinge upon their basic rights are considered. The ethical considerations that have been made in this research are beneficence and non-maleficence, fidelity and responsibility, integrity, justice, and respect for People's Rights, Dignity, and Diversity.

REFERENCES

- Afifi, T.O. & MacMillan, H.L. (2011). Resilience following child maltreatment: A review of protective factors. *The Canadian Journal of Psychiatry*. 56:266-272.
- Balbach, E.D. (1999). *Using case studies to do program evaluation*. California: Department of Health Services.

- Center for Disease Control and Prevention. (2018). *Violence Prevention*. Retrieved September 21, 2019 from <https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>
- Craig, G. & Craig, T. (2019) *Finding aspects within the EFT tapping process*. Retrieved October 10, 2019 from <https://www.emofree.com/efftutorial/tappingroots/aspects.html?Itemid=>
- Domhardt, M. Munzew, A., Fegert, J.M., & Goldbeck, L. (2014). Resilience in survivors of child sexual abuse: A systematic view of literature. *Trauma, Violence, & Abuse*. Retrieved October 2, 2019 from <https://journals.sagepub.com/doi/abs/10.1177/1524838014557288>
- Donn, P. & Donn, T. (2017). *AAMET EFT Level 1 and 2 Training: Emotional Freedom Techniques*. United Kingdom: The EFT Training Centre.
- Donn, P. (2013). Finding core issues. In D. Church & C. Marohn. *The clinical eft handbook: A definitive resource for practitioners, scholars, clinicians, and researchers. Volume 1*. Fulton, CA.: Energy Psychology Press.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*. 21:325-330.
- Fleming, M. & Aronson, L. (2019). The relationship between non-suicidal self-injury and child maltreatment. *Cornell Research Program on Self-Injury and Recovery*. Retrieved October 6, 2019 from <http://www.selfinjury.bctr.cornell.edu/perch/resources/the-relationshipbetween-child-maltreatment-and-non-suicidal-self-injuryfinal.pdf>
- Frost, J. H. (2013). Important aspects of the healing relationship in eft: Bringing the unconscious into consciousness. In D. Church & S. Marohn. *The clinical EFT handbook*. – Volume 1. Fulton, CA: Energy Psychology Press.
- Hanna, F. J. (2002). *Therapy with difficult clients: Using the precursors model to awaken change*. Washington, DC: American Psychological Association.
- Hasson-Ohayon, I., Kravetz, S., & Roe, D. (2006). A qualitative approach to the evaluation of interventions for persons with severe mental illness. *Psychological Services*. 3(4): 262-273.
- Hebert, M., Langevin, R., & Oussaid, E. (2018). Cumulative childhood trauma, emotion regulation, dissociation, and behavior problems in school-aged sexual abuse victims. *Journal of Affective Disorders*. 1(225): 206-312.
- Lynskey, M.T. & Fergusson, D.M. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse. *Child Abuse & Neglect*. 21(12): 1177-1190.
- Paolucci, E.O., Genius, M.L., Violato, C. (2001). A meta-analysis of published research on the effects of child sexual abuse. *Journal of Psychology*. 135(1): 17-36.
- Putnam, K.T., Harris, W.W., & Putnam, F.W. (2013). Synergistic childhood adversities and complex adult psychopathology. *Journal of Trauma Stress*. 26: 435-442.
- Shepps, G., Suri, G. & Gross, J. (2015). Emotion regulation and psychopathology. *Annual Review of Clinical Psychology*. 11:379-405.
- Waite, W.L. & Holder, M.D. (2003). Assessment of the Emotional Freedom Technique: An Alternative Treatment for Fear. *The Scientific Review of Mental Health Practice: Objective Investigations of Controversial and Unorthodox Claims in Clinical Psychology, Psychiatry, and Social Work*, 2(1), 20-26.
- Witek, C. (2019). Resilience to posttraumatic stress symptoms in child survivors of childhood sexual abuse. Unpublished thesis/dissertation. Retrieved October 6, 2019 from <https://repository.lib.fit.edu/handle/11141/2926>
- World Health Organization. (2013). *Guidelines for medico-legal care for victims of sexual violence*. Retrieved November 29, 2018 from http://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap2.pdf

World Health Organization. 29 November 2017. *Violence against women*. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/violenceagainst-women>.

World Health Organization. 7 June 2019. *Violence against children*. Retrieved September 3, 2019 from <https://www.who.int/news-room/factsheets/detail/violence-against-children>

DEFINITIONS, ACRONYMS, ABBREVIATIONS

This part of the chapter gives definitions to the terms that have been used to ensure that unique meanings within the context of this research are defined and clarified.

Anxiety is described as the physical and behavioral effects of a traumatic experience.

Childhood Sexual Abuse is described as sexual abuse experienced by an individual where there is no consent or where the child is unable to give consent.

Cognitive Reframing – changing the set-up statements so that cognitive shifts can occur.

Core Issues refer to the root of an individual's problem. These are similar to distorted cognitions in Cognitive Behavioral Therapy.

Depression refers to symptoms of sadness, a depressed mood, lack of interest in activities that used to bring one joy, low self-worth, and the inability to engage in activities of daily living.

Emotional Helpers are qualified assistants who are able to implement Emotional Freedom Techniques and handle clients one-on-one or in a group setting.

Psychological Reversal – in Energy Psychology underlies the failure of EFTs to work. This is considered to be an unconscious form of self-sabotage.

Reminder Statement - refers to shorter statements like “this remaining feeling,” used while tapping on the other seven points after the Karate Chop is tapped on.

APPENDIX