CHILDHOOD SEXUAL ABUSE

The effects of childhood sexual abuse on adults

Interventions for use when working with adults who have been sexually abused as children

EFFECTS

Childhood sexual abuse (CSA) affects adults in a wide range of ways. For those who have been able to tell a trusted adult about the abuse at the time it happened, and for whom the abuse was then stopped and appropriate support given, damage may be minimal. However, for those who have had to keep it a secret, and/or have suffered prolonged abuse over many years-and whose nurturing environment was lacking during childhood-the consequences may range from debilitating emotional difficulties to severe mental health problems.

People are motivated to come to SEREN[1] because they are suffering from some distressing symptoms, e.g. isolation, depression, heightened anxiety, intrusive memories, flashbacks, nightmares, self-harm, low self-esteem, relationship difficulties and sexual problems, uncontrollable anger, to name but a few.

The number and range of effects of childhood sexual abuse can seem overwhelming. SEREN has found that findings from the research work of Finklehor[2] very helpful in understanding how sexual abuse can fundamentally effect a person's life. Finklehor concluded that the effects of CSA can be categorised into four traumagenics:

- Stigmatisation
- Betrayal
- Powerlessness
- Sexual Traumatisation

Stigmatisation

She/he may feel different from other children. They must usually be secretive, which may lead to social phobia and isolation.
The child knows something is wrong and blames him or herself rather than others. The abuser will often encourage the child to feel that the abuse is his or her fault and sometimes he or she will feel a 'bad' person, leading to guilt,shame and lowered self-esteem and depression in adulthood.
The abuser often makes the child feel responsible for keeping the abuse a secret. Sometimes the child also feels responsible for keeping the family together and the burden of this responsibility interferes with experiencing a normal childhood.

Betrayal

Children feel betrayed because they are dependent upon adults for nurturing and protection and the abuser is someone they should be able to love and trust. They may also feel betrayed by a non-offending parent whom they feel has failed to protect them. Fear of betrayal may lead to mistrust of others and withdrawal from intimate relationships, or clingy, jealous or dependent relationships. There may be difficulties in judging the trustworthiness of others, leading to vulnerability to further abuse and exploitation.
Sadness. Children may feel grief due to a sense of loss, especially if the perpetrator was loved and trusted by the child. Depression, anger and hostility may also follow.

Powerlessness

Children in this situation often feel that they have no control over their own lives or even over their own bodies. They feel that they have no choices available to them, which can lead to vulnerability to further victimisation. Feeling powerless may also result in a need to control, manifesting in symptoms such as eating disorders, obsessive compulsive disorders, aggression and violence.
Fear. The offender may swear the child to secrecy and say that if they tell, something bad will happen. Sexual abuse is usually accompanied by coercion, bribery or threats. The child is afraid to tell because of possible consequences, e.g. punishment, blame, abandonment or not being believed. Repeated experiences of fear in childhood may manifest in adulthood as heightened anxiety, including catastrophising, panic attacks, nightmares, or flashbacks.

Traumatic sexualisation

Fear of sex. Children usually feel frightened, confused or distressed, and may also experience physical pain when they are sexually abused. Sex becomes associated with bad feelings that can continue into adulthood causing dislike and avoidance of sex, touch or intimacy. There may be difficulties in becoming aroused or reaching an orgasm. There may be experiences of flashbacks during sex.

Promiscuity. Many people abused in childhood have learnt to separate their feelings from their sexual activities. Sex becomes meaningless - it doesn't matter. They may also be unable to say no to sexual advances.

Preoccupation with sex. For some victims, much of their childhood experiences may have been connected with sex and so this is how they have learned to view the world. They may feel compelled to keep having sex, may see sex in all kinds of situations and bring sex into every conversation.

Prostitution. Research studies have found that many prostitutes have a history of childhood sexual abuse. Reasons for this include the social effects of abuse such as teenagers running away from home, compromised education and being in an abusive relationship as an adult, along with feelings that it doesn't matter what happens to their bodies and that getting money for sex is a way of taking back control.

Sexual identity confusion. Men who were sexually aroused as boys when abused by men may be particularly affected by sexual identity confusion. (It is natural for children to respond to genital stimulation, whatever the sex of the abuser). It may also affect people abused by someone of the opposite sex; some women abused by men avoid sex with men and choose female sexual partners instead.

SEREN's work has also been informed by consideration of the effects of childhood sexual abuse in terms of post traumatic stress disorder (Hermann J. 3).

These include:

Re-experiencing the traumatic event(s). Intrusive thoughts, nightmares, flashbacks.

Avoidance of feelings and avoidance of reminders of the event(s

Numbing feelings through alcohol/substance abuse and self-harm, distraction by obsessive-compulsive behaviours, social phobias.

Hyper-arousal. Sleep disturbance, lack of concentration, feeling 'jumpy' and 'on guard', increased irritability.

Along with these traumagenics, there may be other symptoms that occur as a result of a need in the adult to cope with overwhelming painful feelings. These include, but are not limited to: self-harm including self-injury, alcohol/drug abuse and dissociation.

INTERVENTIONS

Before beginning to work with issues of childhood sexual abuse with a survivor, a certain level of training and supervision needs to be in place. The helper should have had some basic training in listening and attending skills and have support/supervision to deal with the effects of hearing a disclosure of CSA. (It is possible to re-traumatise a survivor of CSA by giving inappropriate responses. If you think you might have your own unresolved issues concerning sexual abuse it is important to address these issues before setting out to aid others.)

Some useful principles in responding to disclosures of childhood sexual abuse are outlined below. This is not an exclusive list; the listener/helper may have other skills and training to bring to the particular situation within which they work. These are guidelines, they are not rules but will help to contain and manage disclosures of sexual abuse.

Safety

The physical space in which the disclosure takes place needs to be private, with no interruptions, have comfortable chairs and MUST NOT be where the survivor has previously been abused.

A time boundary needs to be clearly stated, agreed upon and honoured. This will enable the disclosure, and although it may seem difficult to limit the survivor, being able to manage and contain the memories are key to resolving the issues. The survivor will have a sense of being in charge if boundaries are explicit, and this reduces the likelihood of being overwhelmed by the memories.

Resources

The helper should make sure that the client has the resources to manage the thoughts and feelings that may accompany a disclosure.

External resources:

Does the client have a support network? BE SPECIFIC: who will they talk to/ be with before seeing you again? Information should be given about help-lines, books and any other sources of support that the helper can recommend.

Inner resources:

The survivor needs an internal 'safe place' to which they can return if they feel overwhelmed. Learning to remember a time/place where they felt good, warm, comfortable, and being able to bring this to mind during difficult memories/ flashbacks is a vital resource. If the survivor cannot access a safe or relatively safe memory of any kind, the helper should be cautious about proceeding and contact their supervisor to discuss. (Babette Rothschild 4).
Survivors can be extra-ordinarily creative and determined in the face of their abuse. There can be a sense of optimism in the disclosure and it is important to acknowledge this.

Believing the survivor

When safety is established and disclosure begins, it is ESSENTIAL to believe the survivor. Some abuse sounds dream-like, confused or too horrific to be true. Abused children are often deliberately confused, lied to or even drugged. When survivors speak out, especially for the first time, they need acceptance and a non-judgemental response. Listeners need to be sure they are competent to hear the abuse memories, getting the support they need both before and after the disclosure.
Listen more than you speak and avoid over-questioning. Use all the listening skills you have learned and stick to them, even if you are frightened or upset by the disclosure.
It is normal to have a response to a survivor's disclosure. You may feel anger/ sadness/numbness/revulsion/protectiveness, but you must stay in role with the client and take your reactions to your supervisor to discuss.

Responsibility

Let survivors know that sexual abuse was not their fault or their responsibility. Survivors often hold self-blame for abuse. They were 'too pretty', or sat on the abuser's lap, etc. The survivor may tell you that in their particular case they did do something to make the abuse happen, but children are NEVER responsible for the sexual abuse, and although they may think they had power at that time, in fact they did not.
It is useful to explain that it is the responsibility of adults to behave appropriately and that the adult who abuses is always in the wrong. In some cases, the abuser is also a beloved relative about whom the survivor has very mixed feelings. Simply give information here. It is important that the helper does not join in with being over sympathetic to or protecting the abuser, even if the survivor needs to do so.

Between appointments

Enquire if the survivor has anyone in their life that they can trust to talk to about their abuse. If they do not, it is particularly important to provide telephone help line numbers. (5)

Self help books can be of great value to survivors. (6)

Journal writing can be very helpful for survivors after disclosure. Once abuse has been spoken, new memories can surface, both in dreams and when awake. Writing these memories down in preparation for future appointments, may help to contain them.

Ending the session

If the survivor is experiencing anger/sadness/tears or other strong emotions during the disclosure, allow plenty of time before the end of the session to help the survivor be ready to leave and move on into their day. Ask what the survivor has planned for after the session. Discourage driving, return to work or parenting immediately after the session, and encourage the survivor to take at least a few minutes to walk, take quiet time, have a warm drink or light food to help process the session.

When the session has ended, the helper needs to take time to consider their own response. Helpers' responses are their own. The survivor may know a helper was affected by their disclosure, which is fine as long as the helper stays in role with the survivor.

The survivor is an adult and is responsible for his or her journey through the disclosure and subsequent sessions. The helper is responsible for his or her own levels of self-awareness, support and training that will allow sessions to proceed as skilfully as possible.

References:

1SEREN Counselling www.seren-wales.org.uk

2Finkelhor.D. Child Sexual Abuse:New Theory and Research. (1984 Free Press, New York)....

3 Herman, J….Trauma and Recovery. From Domestic Abuse to Political Terror. (1992 Pandora)

4 Rothschild, B….The Body Remembers. The Psychophysiology of Trauma and Trauma Treatment.(2000 W.W.Norton and Company Inc.)

5. Telephone helplines (www.seren-wales.org.uk)

6.Ainscough and Toon. Breaking Free Help for Survivors of child sexual abuse. (1993 Sheldon Press)

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