

Resiliency in Adulthood: Surviving Childhood Sexual Abuse

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Childhood experiences greatly influence our adult relationships, choices, and habits. Some experiences children face, though, are far more detrimental than others. Childhood sexual abuse (CSA) is an atrocity that causes a great deal of pain and suffering for adult survivors, and researchers have continued to study the long-term effects of CSA on adults.

Prevalence rates of CSA in America have been estimated within wide ranges, with various studies suggesting 12-40% of female children and 4-16.5% of male children having experienced as least one instance of sexual abuse (advocatesforyouth.org). However, the incidence of CSA has declined since the early 1990s according to reports from Child Protective Services and other law enforcement agencies (advocatesforyouth.org). This decline is due to an increased amount of reports being made to law enforcement and child protective services.

Defining childhood sexual abuse

Researchers in the field have proposed various definitions of sexual abuse (Fairweather & Kinder, 2012; Wurtele 2009). CSA is commonly defined as “any sexual contact, direct or indirect, between a child under the age of 16 and someone at least 5 years or older; or unwanted and/or forcible sexual contact between a child under 16 and someone of any age.” Direct sexual abuse occurs when a child is physically touched or influenced

by the perpetrator to touch in an unwanted, forcible, or manipulative way. Indirect child sexual abuse includes exposure by a perpetrator, as well as inappropriate contact with a minor via mobile and virtual devices.

Psychological effects of child sexual abuse

Studies show that victims of child sexual abuse often experience a variety of psychological difficulties in adulthood. For example, Neuman, Houskamp, Pollock, and Briere (1996) found strong associations between CSA and anger, anxiety, depression, sexual problems, substance abuse, post-traumatic stress disorder, and suicidality in adulthood. Experiencing CSA negatively impacts one’s sense of self (Roche, Runtz, & Hunter, 1999), which often leads survivors to engage in more self-destructive behaviors. For example, women with a history of CSA are more likely to use drugs and alcohol in comparison to women without a CSA history (Roberts, O’Connor, Dunn, & Golding, 2004). Because survivors of CSA show more severe self-destructive behaviors than adult victims of physical and emotional abuse do, scholars theorize that CSA has a particularly damaging, causal effect on adjustment and functioning (Roche, Runtz, Hunter, 1999).

Another particularly concerning societal impact of CSA involves adult survivors’ risk for involvement with the criminal justice system. For example, women with a history of CSA are 2 to 3 times more likely to be incarcerated (Asberg & Renk, 2013). Women who have been incarcerated report more instances of abuse, as well as higher levels of psychological difficulty, depression,

traumatic symptoms, and substance use. Although there is an elevated risk for incarceration within this population, it is important to note that 80% of women with a history of CSA do not have legal problems (Asberg & Renk, 2013).

A variety of factors can either diminish or exacerbate the long-term psychological effects of child sexual abuse. Research by Forouzan and Van Gijseghem (2005) suggests that the manifestation of various psychological difficulties among survivors of CSA may be mediated by several variables related specifically to abuse occurrence, including the nature of abuse, its duration and frequency, the child's age and gender, and the abuser's relationship to the child. Other mediators associated with long-term psychological difficulties include the reaction of family and friends upon the child victim's disclosure, the quality and extent of judicial and medical involvement, and the presence of a support system.

Relationship adjustment

Although human beings are biologically wired for connection, when a person experiences CSA, his or her ability to maintain healthy interpersonal relationships can be negatively affected. Because CSA is the ultimate violation of trust and intrinsic boundaries, adult survivors often exhibit problems related to trust, fear, and need for control in relationships (Forouzan & Van Gijseghem, 2005). Victims of CSA often have a fear of intimacy (Davis & Petretic-Jackson, 2000) or may seek out intimate relationships in an attempt to correct the losses they experienced as a child (Jehu, 1988). CSA survivors are also more likely to have voluntary sex at an earlier age, a greater number of sexual partners, and sexual problems (Roberts et al., 2004).

In addition to problems with intimacy and sexuality in close relationships, adult survivors of CSA also experience communication-related problems with their partners. Adult survivors of CSA were found to report lower consensus (i.e., the ability to agree) in their relationships than those without a history of CSA (Fairweather &

Kinder, 2012). This same study also found that those with a history of CSA exhibited fewer expressions of affection in their relationships. Survivors of CSA also report less satisfaction with their partner and poorer quality of communication when compared to non-CSA victims or individuals who have experienced physical and/or emotional abuse but not sexual abuse (Roberts et al., 2004).

Parenting

Because intimate relationships, bonding, and attachment are affected by CSA, survivors often face struggles related to childrearing. Unfortunately, few studies have been done on the impact of CSA on parenting relationships. One exception is the work of Roberts (2004) and colleagues. They found that female survivors of CSA were more likely to experience a first pregnancy during their teenage years in comparison to women without a history of CSA (Roberts et al., 2004). These researchers also found that mothers with a history of CSA had lower confidence in their abilities as parents (Roberts et al., 2004). This means that it is vitally important for clinicians, family, and friends to assist CSA survivors in their transition into parenting.

Factors associated with positive adjustment in adulthood

Although the impact of CSA can be devastating, many survivors have been able to recover sufficiently so that they do not display any symptoms of maladjustment in adulthood (O'Dougherty, Crawford, & Sebastian, 2007). Several factors have been found to predict positive resolution of CSA (O'Dougherty et al., 2007), including the use of coping methods and self-care practices that empower the survivor and minimize the offender. These include expressing feelings to someone supportive, displacing blame onto the abuser, and seeking out an unconditional support group (Fairweather & Kinder, 2012).

Use of mature defenses, first identified by Freud (1953), have been found to promote relationship adjustment among adult survivors of CSA (Fairweather & Kinder, 2012). Mature defenses include use of humor, suppression (the deliberate effort to push threatening cognitions and feelings out of consciousness), and benefit-finding (identifying something positive that may have come from experience). These coping strategies are also associated with a greater level of couple cohesion, in which couples enjoy doing activities together.

Other coping strategies appear more maladaptive, and are associated with an increased risk for psychological disorders. For example, individuals who used avoidant coping strategies were significantly more likely to show symptoms of depression (O'Dougherty Wright et al., 2007). Although survivors may migrate towards negative coping strategies like isolation, avoidance, and denial, it is better to engage in coping mechanisms that empower the survivor and minimize the offender. This occurs when survivors are able to diminish the perceived power and threat the offender may still have over them by learning coping skills that empower themselves.

Implications for treatment

Given the myriad of struggles a person with a history of CSA can face, it is important that individuals, family, and friends have access to appropriate resources that can aid in successful adjustment and healthy life functioning. It is important to remember that although a history of CSA can make an individual more susceptible to difficulties in their adulthood, it is not uncommon for many survivors to find resolution and live fruitful and adaptive lives despite of their abuse history.

In addition to establishing an unconditional support system and displacing blame onto the abuser, learning to manage day-to-day stress has been shown to reduce the use of avoidance behaviors and increase the use of more adaptive coping skills (Wilson, Vidal, Wilson, & Salyer, 2012).

Due to the increased susceptibility to psychological difficulties, survivors of CSA and their family members are encouraged to seek clinical treatment in order to support the establishment of healthy interpersonal relationships. One safe way to find some resolution of CSA trauma is to seek out a clinician experienced with trauma work. In treatment, survivors of CSA have the chance to establish a secure attachment, discard feelings of blame and shame, reduce or extinguish feelings of depression and anxiety, and increase interpersonal skills. Through therapy, survivors also have the chance to establish a secure attachment in which they are able to learn to trust someone and increase their self-esteem.

For individuals with a history of CSA and their partners who may struggle with difficulties within their relationship, it is important to explore all aspects of one's personal history that may be influencing interpersonal behavior and couple adjustment. Seeking out couple therapy with a clinician experienced with working with trauma is an excellent way to begin to resolve aspects of the couple problems which occur the context of a history of CSA.

Child sexual abuse, unlike other forms of abuse, can be quite difficult to identify. If there is any suspicion that a child may have been sexually abused, is imperative that early intervention be utilized in order to have the best chance of recovery and positive adjustment into adolescence and adulthood.

If you suspect child sexual abuse call:

1-888-PREVENT (1-888-773-8368)

1-800-656-HOPE (Rape, Abuse, & Incest National Network, RAINN)

Signs and Symptoms of CSA:

- Age-inappropriate language
- Age-inappropriate behavior
- Avoidance of certain family members or acquaintances
- Avoidance of certain locations
- Sudden presence of depression or anxiety
- Insomnia
- Physical health conditions such as sexually-transmitted diseases or recurring urinary tract infections
- Alcohol or other drug use
- Unintended pregnancy

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The Family Institute at Northwestern University is committed to strengthening and healing families from all walks of life through clinical service, education and research. The Family Institute is a center for direct care, academic learning and new discovery. For more information on The Family Institute, visit www.family-institute.org or call 847-733-4300.