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Effects of Childhood Sexual Abuse: Women in Adulthood

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EFFECTS OF CHILDHOOD SEXUAL ABUSE: WOMEN IN ADULTHOOD

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Abstract

Extensive research has been conducted exploring the effects of childhood sexual abuse and the impact it has on women in adulthood. The purpose of this paper is to examine the effects of childhood sexual abuse on women in adulthood in the intimacy versus isolation stage of Erik Erikson's theory of psychosocial development. Specifically, this paper will examine the effects on interpersonal relationships, mental health, and resilience.

Keywords: childhood, sexual abuse, women, impact

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Effects of Childhood Sexual Abuse: Women in Adulthood

Childhood sexual abuse is an intentional act that violates a child's physical and emotional well-being. Examples of sexual abuse may include: exposing oneself to a minor, fondling, intercourse, masturbating in front of a minor or forcing a minor to masturbate, oral sex, anal sex, watching or creating porn, and sex trafficking (RAINN, 2016). The National Center for Victims of Crime (2012) reported that 1 in 5 girls are a victim of childhood sexual abuse and 3 of 4 of these girls knew who their attackers were. Perpetrators may include family members (e.g., parent, grandparent, sibling, aunt, uncle, cousin) or others that the child knows like a coach, teacher, or family friend. As girls develop, mature, and transition through different stages of life, their experiences and perception of the world may be skewed based on their childhood experiences.

Quality of life is described as successful engagement of developmental tasks, healthy behaviors, the ability to thrive despite encountering stressors in life, perceive good health, and experience feelings of wholeness within themselves, others, and the community (Antonovsky, 1993). Women who have experienced a traumatic history in their childhood may report lower satisfaction with their quality of life in adulthood. Particularly, a potential challenge that women with a traumatic history may face in adulthood includes intimacy with others. Women's development of intimate relationships, and the impact traumatic events has on development of intimacy, will be discussed using Erik Erikson's theory of personality development. Specific focus will be given to the 6th stage of his 8-stage theory, Intimacy versus Isolation.

Erikson's Psychosocial Theory of Personality Development

Erik Erikson has had a profound influence on human development through his psychosocial theory. In his theory, he suggests that individual's transition between eight stages

of personality development (Erikson, 1982). Within each stage, Erikson states that the individual is faced with a crisis resolution (McLeod, 2013). "Later conflicts may prove difficult to resolve if early conflicts were not resolved successfully. For development to proceed optimally, a healthy balance between the terms of each conflict must be struck" (Sigelman & Rider, 2012, p.369). Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore, an unhealthier personality and sense of self. These stages, however, can be resolved successfully at a later time (McLeod, 2013).

The fifth stage of Erikson's Psychosocial Theory of Personality Development is the identity versus role confusion stage of development. In this stage, young adults (ages 12-20) must first experience identity versus role confusion to begin exploring and discovering who they are as an individual before entering the sixth stage of development (Sigelman & Rider, 2012). Establishing an identity during the identity versus role confusion stage is vital for the individual to explore and overcome barriers in subsequent stages. According to Malone, Liu, Vaillant, Rentz, and Waldinger (2016), issues with identity and intimacy are important to address as later stages of development may be impacted. The varying nature of identity formation and intimacy in relationships for adult women results from their childhood experiences and self-concept (Malone, et.al., 2016). Identity formation will help guide the individual into Erikson's next stage, intimacy versus isolation.

Erikson's Psychosocial Theory of Personality Development states that the intimacy versus isolation stage can take place from 20 to 40 years of age. This broad age range suggests that adults will experience and achieve the intimacy versus isolation stage of development at varying times. While in this stage of development, the individual will begin to evaluate and explore the likelihood of their ability to share an identity with another person (Sigelman & Rider,

2012). Not only will the individual determine whether or not they can share an identity, but they may also begin to evaluate and adjust their identity to mesh with another individual with whom would like to pursue a close relationship. If they are not able to find a partner with compatible identities, or they are not willing to adjust to their partner, the individual may struggle at this stage, leading to feelings of loneliness and isolation (Thompson, 2009). Such feelings may result in a longer duration in the intimacy versus isolation stage of development, potentially impacting their mental health as they transition through the sixth stage of development.

Effects of Childhood Sexual Abuse on Mental Health in Adulthood

The effects of childhood sexual abuse in adulthood has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems (Hall & Hall, 2011). Peterson conducted a study that found most abused women reported symptoms of depression and posttraumatic stress comorbidity (2013). Depression was noted to have been the most common long-term symptom of women. For some women, they may experience feelings of denial which may mean that they have not or cannot accept what has happened to them or they may downplay the events of the assault. The U.S Department of Affairs (2017) noted that this reaction may be more common among women who are assaulted by someone they know.

With the abundance of long-term effects on adults in adulthood, traumatic experiences like childhood sexual abuse takes a toll on survivors' mental health. For example, sleeping patterns may be altered, eating habits become inconsistent, and suicidal ideation tends to be more prevalent (Hall & Hall, 2011). Therefore, adult survivors may experience cognitive distortions, and may place blame onto themselves for mental health issues, decreasing their self-esteem and self-worth (Hall & Hall, 2011). When a woman has a distorted self-image, forming healthy

interpersonal and romantic relationships can be difficult for the survivor. Failing to establish a healthy interpersonal and intimate relationships can add to the survivor's insecurities leading to additional symptoms or exacerbating existing symptoms, like distorted self-esteem.

With such variety in symptoms experienced by women, it is important to note that there is no single pattern of response to being sexually assaulted. Some women may never share their experience and others may have delayed reactions leading into adulthood. Early reactions to sexual assault (the first few days and weeks following the assault) vary, it is very normal for a child to experience intense and sometimes unpredictable emotions. They may have repeated memories of the trauma and/or nightmares, which are not uncommon (U.S Department of Veteran Affairs, 2017). As previously mentioned, some women are affected by early childhood trauma for a long time, but others appear to recover more quickly (U.S Department of Veteran Affairs, 2017). Each woman will process their experience in their own way and at their own pace whether it is immediately following the assault or years later leading into adulthood.

Effects of Childhood Sexual Abuse on Interpersonal Relationships in Adulthood

Childhood sexual abuse may negatively impact interpersonal relationships. Survivors of childhood sexual abuse may experience a disruption in trusting others because they believe that people and/or society may discount their sexual abuse. Therefore, with these beliefs, it may interfere with forming relationships with others (Pearlman, 2003). One way a survivor may cope with this new reality is through detachment and isolation. Detachment is characterized by feelings of alienation and mistrust towards others, a reluctance to rely on others for help, and the belief that parents or peers do not understand or accept them for who they actually are (Beyers, Van Calster, & Duriez, 2005). A woman may begin to detach from their family and friends immediately following the abuse or this may happen overtime. When a woman begins to detach

from their parents in early childhood or adolescence, she may begin to lose support and socialization that parents would normally provide their child (Jager, Yuen, Putnick, Hendricks, & Bornstein, 2015). One result of a lack of support or socialization may include deficits in behavioral maladjustment (Jager, et.al. 2015). Feelings of mistrust, alienation, and the inability to relate to family and peers may lead a woman to detach from others, potentially isolating themselves from those around them.

Hypervigilance may also be seen in survivors stemming from PTSD (Bradford-Smith, 2006). Survivors may be vigilant and on high alert to their environment, being cautious of potential danger. Beginning in childhood, children may begin to anticipate subtle, coercive, and abusive sexual interactions with others (Jones, 1986). This heightened awareness may follow survivors well into adulthood resulting in potential distressing memories or nightmares, becoming jumpy, or feeling on edge following the assault (U.S Department of Veteran Affairs, 2017). These symptoms of PTSD may disrupt their interpersonal relationships in a way that the survivor may begin to isolate themselves from others and not build or sustain healthy relationships with others.

Effects of Childhood Sexual Abuse on Intimacy in Adulthood

Developmental Issues. Children observe others and use their own experiences to begin forming their own opinions and beliefs about the world around them. For those who endure childhood sexual abuse, their perceptions may be compromised as to what healthy boundaries and relationships are. Leading into adulthood, if an individual fails to set healthy interpersonal or intimate boundaries with others, they are at risk for re-victimization.

In 3 out of 4 sexual abuse cases, perpetrators are individuals that the child knows, trusts, and loves (Kilpatrick, Saunders, & Smith, 2003). When a child has been victimized by someone

who they previously had thought of as being trustworthy, the child may face difficulty in trusting others including family, friends, and strangers. The victim may have difficulty establishing healthy boundaries and may lack interest in intimate relationships (Bradford-Smith, 2006). Detachment, isolation, and hypervigilance can cause serious disruption in the survivors daily functioning, inhibiting their quality of life.

Erikson (1968) believed that early childhood trauma can often interfere with an individual's ability to express themselves in a way that is needed for intimacy. As previously mentioned, those who are not able to successfully achieve the intimacy versus isolation stage, will continue to have an impaired ability to successfully pass through subsequent stages of Erik Erikson's Psychosocial Theory of Personality Development. In looking at intimacy from Erikson's theoretical perspective, challenges in the intimacy versus isolation stage are assumed, in part, due to failed resolution in preceding stages of development. Additionally, a woman's ability to cope with past trauma may impact the rate at which one experiences intimacy. For some, they may never achieve or sustain healthy interpersonal or intimate relationships.

Relational Issues. Intimacy can be difficult for adult survivors who had experienced unhealthy familial relationships or childhood sexual abuse. Decreased emotional well-being caused by toxicity and trauma in relationships can open the door to negative psychological symptoms. For example, when a child endures a severe toxic relationship that involves physical and sexual violence, they have a heightened risk of the development of psychological disorders, such as posttraumatic stress disorder (Wong & Mellor 2014; Frommberer, Angenendet, & Berger, 2014). One component of an unhealthy relationship stems from negative communication. Someone who engages in negative communication patterns repeatedly by a threatening perpetrator may develop more negative communication patterns over time. As levels

of negative communication behaviors increase, negative feelings about relationships escalate (Kuster et al., 2015). Relationships become even more challenging when the survivor is engaged in an unhealthy, intimate relationship in adulthood. Relationship toxicity, decreased emotional well-being, and negative communication may result in negative feelings about relationships in adulthood (Kuster et al., 2015).

Wong and Mellor (2014) have found a variety of mental health symptoms associated with severe relationship toxicity. As relationships become more toxic, avoidance and negative communication during conflict can escalate into physical and sexual violence. According to Wong and Mellor, there is a large variety of physical and mental symptoms associated with the experience of sexual violence in toxic relationships. Traumatic brain injuries, unwanted pregnancies, sexually transmitted diseases, depression, substance-related disorders, and posttraumatic stress disorder are a few of the most prevalent consequences due to the exposure of early sexual violence (Wong & Mellor, 2014).

Adult survivors may end relationships if they become too intimate, avoiding intimacy and sexuality. They may have strong desires for relationships, but their fears may become overwhelming, therefore, sacrificing most of their relationships. Survivors may search for safe relationships, then lack the ability to identify risks, resulting in possible re-victimization (Bradford-Smith, 2006). Other consequences survivors of childhood sexual abuse in intimate relationships include, less confidence, lower dependability on others, less comfort with closeness, and higher fear of abandonment (Bradford-Smith, 2006), and disassociation from their body during sex following the abuse (Thompson, 2009). The impact of childhood sexual abuse is great as a woman may have an impaired perception of herself and those around her. With

consistent support, a woman may begin to alter her thinking patterns resulting in improved interpersonal and intimate relationships with others.

Treatment of Childhood Sexual Abuse

Survivors of childhood sexual trauma have been known to have symptoms related to PTSD. According to Keller, Zoellner, and Feeny (2010) a lack of support given to the survivor is one of the biggest predictors of developing PTSD. This predictor suggests building a strong, healthy therapeutic relationship with the survivor is vital to helping the individual begin healing. For some survivors, they may never seek help. For those who do seek assistance, there are a variety of approaches that therapists may take when working with an individual. Cognitive restructuring and imagery modification (CRIM) is one example of a therapeutic intervention used to help women overcome some of the challenges related to believing they still smell the perpetrator or feeling contaminated as if the perpetrator's sweat, DNA, or sperm is still on them (Jung & Steil, 2013). This approach has been successful in using two techniques to decrease women's PTSD symptoms and feelings of being contaminated. The two approaches used include cognitive restructuring and imagery modification.

Cognitive restructuring

Cognitive restructuring helps women overcome their feelings and beliefs of being contaminated by the perpetrator. Cognitive restructuring aids individuals to identify, challenge, and alter their stress-inducing thoughts and beliefs (Mills, Reiss, & Dombeck, 2017). This technique starts with an A+B=C model and follows with a D and E portion. In this model, 'A' is the 'activating event', 'B' is the 'belief', 'C' is the 'consequence' for the mood, 'D' is for 'disputing' the thoughts, and 'E' is for 'effective replacement' thoughts (Mills, Reiss, Dombeck, 2017). This form of therapy typically lasts 10-15 weeks when completed by a trained counselor. This

cognitive work can be challenging for women who are overcoming distressing thoughts and feelings associated with their abuse. Overtime, with practice, this form of therapy can be beneficial in helping women overcome distressing thoughts and memories of their trauma.

Imagery modification

Imagery modification helps women create new meaning in the otherwise intrusive, disturbing meanings of specific things related to the trauma (Jung & Steil, 2013). Following sexual abuse, women may experience thoughts and feelings that their perpetrator has contaminated them inside and out. Jung and Steil report that 60% of sampled women report feeling contaminated after being sexually abused, leading to a strong desire to wash their bodies more frequently (2013). These intrusive thoughts may be considered mental pollution which involves a woman feeling dirty even without contact with dirt or observable traces of dirt, lack of response when being washed, increased negative emotions by seeing images, hearing words, or memories, and/or feeling a sense of responsibility or shame (Fairbrother & Rachman, 2004). With such variety in the experiences of childhood sexual abuse, imagery modification has been used to restructure the brain and thought process to decrease women's symptoms of PTSD. This form of treatment was found to challenge dysfunctional beliefs and intrusive thoughts (Jung & Steil, 2013). Based on the research conducted by Jung and Steil, they found that women believed, rationally, that they were not contaminated, but emotionally contaminated (2013). Imagery modification was found to reduce the vividness of the images, uncontrollability, distress, and reductions on the Posttraumatic Diagnostic Scale (Griesel, Wessa, & Flor, 2006).

The CRIM intervention is composed of two sessions, one 90-minute treatment session and one 50-minute booster session. During the treatment session, the therapist and client discuss the client's feelings, impact on daily functioning, and coping strategies used thus far (Jung &

Steil, 2013). The client then researches how often the dermal cells in the body have been rebuilt since the last contact with their perpetrator. After gathering this information, the therapist and client discuss the meaning of this information and begin to develop images representing skin and cell renewal overtime (Jung & Steil, 2013). The client is assigned to listen to the tape of the guided imagery at least one time a day for seven days and complete any other assigned homework. Lastly, during the booster session, the therapist and client discuss the effects of treatment, any problems that were experienced, and implementation of this treatment into daily living (Jung & Steil, 2013). Through this process, women can see how their bodies have changed and developed since their traumatic experience. By conducting research, women will see that the body has since grown new cells which replaced the cells that were present during the time of their abuse. Moreover, women may begin to better cope with their traumatic past and improve their quality of life through adulthood knowing the same cells at the time of the abuse are no longer present. With reminders via audio recordings and research conducted by the survivor, the survivor may begin to process and heal from their traumatic childhood experiences.

Protective Factors for Survivors of Childhood Sexual Abuse

It is important that the survivors of childhood sexual abuse instill protective factors into their daily life to maximize their recovery and maintenance of their traumatic past. Hall and Hall (2011) suggest that there are a variety of factors that impact the degree of damage that the victim experiences which includes the individual's perspective, their internal resources, and level of support. If protective factors are in place, victims have a higher chance of overcoming or managing their symptoms related to their trauma. For those who do not have protective factors in place, they are at a disadvantage to getting access to services to help them cope and manage their symptoms. Walsh (2007) found that women who experience a forced sexual assault,

cognitive variables such as coping strategies, may not make a great difference between childhood sexual assault and re-victimization involving force; attempting to resist coercive assaults. Without a strong social support network, a survivor may have a more difficult time overcoming their childhood sexual abuse history and improving their quality of life into adulthood. Therefore, it is important for the counselor to help survivors create and maintain social networks that support their continued recovery and safety.

Conclusion

The research that has been conducted has presented with a significant relationship between childhood sexual abuse and development into adulthood. Therefore, survivors need support to mitigate their mental health needs, to establish healthy interpersonal relationships and to develop through Erikson's Psychosocial stages. Thus, it is critical that the counselor connects to each survivor to identify their needs and facilitate counseling sessions to best support the client with appropriate, research-based interventions. Due to the connection between childhood sexual abuse and unhealthy development patterns, prevention and early intervention may help reduce some of the long-term effects of early childhood sexual abuse.

In sum, sexual assault in childhood does impact the development of adults in the intimacy versus isolation stage of Erikson's psychosocial development, affecting subsequent relationships in various ways. The impact that the abuse has on interpersonal and romantic relationships can cause feelings of isolation and loneliness, and may lead to psychological issues. The abuse may always stay with the victim thus the role of the counselor is to help the victim cope with their traumatic experience and forge ahead in life.

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