

Adult consequence of Childhood Sexual Abuse

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Childhood sexual abuse is a subject that has received much attention in recent years. Sexual abuse of a child is when anyone (an adult or another child more than 4 years older) threatens, tricks, or forces a child into sexual contact. 28 to 33 % of women and 12 to 18% of men were victims of childhood or adolescent sexual abuse (Roland, 2002, as cited in Long, Burnett, & Thomas, 2006).

World Health Organization (1999) defined child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.

The United Nations has defined child sexual abuse as contacts or interactions between a child and an older or more knowledgeable child or adult (a stranger, sibling or person in position of authority, a parent or a caretaker) when the child is being used as an object of gratification for the older child's or adult's sexual needs. These contacts or interactions are carried out against the child using force, trickery, bribes, threats or pressure (UNICEF, 2003).

The various types of sexual abuse include sexual penetration, sexual touching, non-contact sexual act such as exposure or voyeurism, intercourse or oral sex, touching a child's genitals or rubbing of an adult's genitals on a child, showing genitals to a child, showing sexual pictures to a child and using the child to make pornographic pictures or videos.

Abusers are usually someone they knew, such as a relative, friend, neighbor, babysitter, or teacher. They may have gained the child's trust or involve in some activities.

Psychological Trauma

Psychological trauma is a type of damage to the psyche that occurs as a result of a severely distressing event. Trauma, which means "wound" in Greek, is often the result of an overwhelming amount of stress that exceed one's ability to cope or integrate the emotions involved with that experience.

Parts of the brain in a growing child are developing in a sequential and hierarchical order, from least complex to most complex. The brain neurons are designed to change in response to the constant external signals and stimulation, receiving and storing new information. Infants and children begin to create internal representations of their external environment shortly after birth. Childhood abuse tends to have the most complications with long-

term effects out of all forms of trauma because it occurs during the most sensitive and critical stages of psychological development.

Complex Trauma

It describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive.

Ashamed

They may feel dirty or guilty when they have sexual feelings because they feel that they caused the sexual abuse when they were a child.

Self-hatred

Many children believe abuse is their fault. They may still feel that way and be convinced that there is something different or wrong about them.

Suicidal

They want to hurt themselves or others.

Powerless

They may also have trouble saying no to unwanted sexual contact, even though they are always thinking about protecting themselves.

Isolated

They may keep the abuse they suffered as a child secret, particularly if the abuser was a family member or close family friend.



Fearful and always on guard

They may startle easily, have trouble sleeping, and feel tense when they are around other people.

Unable to ask other for help or depend on anyone else. They may have trouble relating to others. When they were a child, their trust was betrayed by an adult. When they grow up, they may suspect that others are using them, will leave them, or will hurt them. they also felt out of touch with their own body. at times, they may not even know when they are hungry or tired. They may not eat well or get enough sleep. They are also unable to make simple decisions or choices. During the abuse, they may have learned to go numb and detach from what was happening. As an adult, they may still “space out” when they feel stressed or anxious. This can make it hard to think, plan, or do everyday activities.

Consequences

Short Term

In the short-term (up to two years), victims may exhibit regressive behaviors such as thumb-sucking, bed-wetting in younger children, sleep disturbances, eating problems behavior, and/or performance problems at school, and unwillingness to participate in school or social activities.

Long Term

Childhood sexual abuse has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, relationship problems and substance use.

Depression has been found to be the most common long-term symptom among survivors. Survivors may have difficulty in externalizing the abuse, thus thinking negatively about themselves (Hartman, 1999). After years of negative self thoughts, survivors have feelings of worthlessness and avoid others because they believe they have nothing to offer (Long, 2006). Survivors often experience guilt, shame and self-blame. Survivors often blame themselves and internalize negative messages about themselves. Survivors tend to display more self-destructive behaviors and experience more suicidal ideation than those who have not been abused (Browne & Finkelhar, 2000).

Ratican (2002) describes the symptoms of child sexual abuse survivor's body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, eating disorders and obesity. Survivor's distress may

also result in somatic concerns. A study found that women survivors reported significantly more medical concerns than did people who have not experience sexual abuse. The most frequent medical complaints was pelvic pain (Cunningham, Pearce, P, 1996). Somatization symptoms among survivors are often related to pelvic pain, gastrointestinal problems, headaches and difficulty swallowing (Ratican, 2000).

Childhood sexual abuse can be frightening and cause stress long after the experience or experiences have ceased. Many times, survivors experience chronic anxiety, tension, anxiety attacks, phobias and post traumatic stress disorders (Briere & Runtz, 1996).

A study compared the post-traumatic stress symptoms in Vietnam veterans and adult survivors of childhood sexual abuse. The study revealed that childhood sexual abuse is traumatizing and can result in symptoms comparable to symptoms from war-related trauma (McNew & Abell, 1995).

Dissociation for survivors of childhood sexual abuse may include feelings of confusion, feelings of disorientation, nightmares, flashbacks, and difficulty experiencing feelings. They may have dissociated to protect themselves from experiencing the sexual abuse. As adults, they may still use this coping mechanism when they feel unsafe or threatened (King, 2009).

Denial and repression of sexual abuse is believed by some to be a long-term effect of childhood sexual abuse. Symptoms may include experiencing amnesia concerning parts of their childhood, negating the effects and impact of sexual abuse, and feeling that they should forget about the abuse (Ratican, 2000).

Common relationship difficulties that survivors may experience are difficulties with trust, fear of intimacy, fear of being different or weird, difficulty establishing interpersonal boundaries, passive behaviors and getting involved in abusive relationships (Ratican, 2000). Sexual abuse often is initiated by someone the child loves and trusts, which breaks trust and may result in the child believing that people they love will hurt them (Strean, 1988).

Feinaur, Callahan & Hilton (1996) examined the relationship between a person's ability to adjust to an intimate relationship, depression and level of severity of childhood abuse. Their study revealed that as the severity of abuse increased, the scores measuring the ability to adjust to intimate relationship decreased.

Sexual problems that result from sexual abuse includes avoiding, fearing, or lacking interest in sex, approaching sex as an obligation, experiencing negative feelings such as anger, disgust or guilt with touch; having difficulty becoming aroused or feeling sensation, feeling emotionally distant or not present during sex, experiencing intrusive or disturbing sexual thoughts and images; engaging in compulsive or inappropriate sexual behaviors, experiencing

difficulty establishing or maintaining an intimate relationship, experiencing vaginal pain or orgasmic difficulties (women) and experiencing erectile, ejaculatory or orgasmic difficulties (men).

A study done on the prevalence and predictors of sexual dysfunction in the United States revealed that victims of sexual abuse experience sexual problems more than the general population. They found that male victims of childhood sexual abuse were more likely to experience erectile dysfunction, premature ejaculation, and low sexual desire, and they found that women were more likely to have arousal disorders (Laumann, Piel & Rosen, 2006).

Substance are used by victims for a number of reasons which include a mechanism to cope or escape the trauma of sexual abuse, a way to reduce feelings of isolation and loneliness, a form of self-medication, to improve self-esteem and boost confidence, and a form of self-destructive behavior or self-harm. Wilsnack and colleagues (1997) investigated the relationship between childhood sexual abuse and adult drinking behavior in 1,099 women who participated in a 10-year national survey on women's drinking. Those women who had been sexually abused as a child reported more alcohol-related problem.

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