The Definition of Childhood Sexual Abuse and Its Long-Term Effects

Childhood sexual abuse is a topic that has received more attention in recent years. 28% to 33% of women and 12% to 18% of adult males were victims of childhood or juvenile sexual abuse (Roland, 2002, as cited in Long, Burnett, & Thomas, 2006). Sexual abuse not including inappropriate touching and other types of sexual abuse aren't reported as often, which means this number of people who have been sexually abused in their childhood may actually be greater (Maltz, 2002). With such a high percent of people having experienced childhood sexual abuse, it is probable that many people seeking therapy will have stories that include sexual abuse. It is crucial that counselors are aware of and familiar with the symptoms and long-term effects associated with childhood sexual abuse to help gain a deeper understanding of what's needed in counseling. This report will define childhood sexual abuse and review the impact it can have, explore the long-term effects and symptoms associated with childhood sexual abuse, and discuss counseling implications.

Childhood sexual abuse: The long-term effects and solutions

There are multiple forms of Childhood sexual abuse. The abuse can involve the child and or minor being seduced by a dear relative or it can be a violent assault committed by a complete stranger. Sexual abuse can be difficult to determine because it can take on many different shapes, different levels in frequency, and the varying circumstances that can come with it, and the different relationships that may be connected with it. Maltz (2002) presents the following definition "Sexual abuse takes place whenever one person dominates and exploits another by way of sexual action or suggestion" (Maltz, 2001a, as cited in Maltz, 2002, p. 321):

Any sexual act, open or covert, between a child and an adult (or older child, where the younger child's participation is obtained through seduction or coercion). No matter of how childhood sexual abuse is defined, it generally has significant negative and pervasive psychological impact on its victims. (p. 33)

The majority of sexual abuse happens in childhood, with incest being the most common form (Courtois, 1996, as cited in Maltz, 2002). The impact of childhood sexual abuse varies from person to person and from case to case. A study compared the experiences of women who experienced sexual abuse by a family member with women who experienced non-familial abuse. They found that women who experienced abuse by a family member reported higher degrees of depression and anxiety when considering about the abuse. Other variables they

found to increase the levels of reported distress were the experiences that involved more extensive sexual abuse, a higher number of sexual abuse experiences, and a younger age during the first sexual abuse experience (Hartman, Finn, & Leon, 1987). While the nature and severity of the sexual act may cause a more serious impact, many other factors may influence the degree of damage the victim experiences. Other factors may include the perspective of the individual, the internal resources the individual has access to, and the individual's level of support (Courtois, 1988, as cited in Ratican, 1992). Although, not all forms of childhood sexual abuse include direct touch, it is important that therapists understand that childhood sexual abuse can take on many different forms that still exploit the victim sexually and cause harm. The perpetrator or perpetrators' may exploit the child by introducing them to pornography, assaulting them through the internet, or manipulating them into taking pornographic photos.

Childhood sexual abuse encroaches on the basic rights of a human being. Kids should be able to have sexual experiences at the appropriate developmental time and within their control and selection. The nature and dynamics of sexual abuse and sexually abusive relationships are often traumatic. When sexual abuse occurs during childhood, it can hinder normal social growth and be a cause of many psychosocial problems (Maltz, 2002). Childhood sexual abuse has been linked with higher degrees of depression, guilt, pity, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems. Depression is one of the most common long-term symptoms among survivors. Survivors may experience difficulty in externalizing the abuse, thus thinking negatively about themselves (Hartman et al., 1987). After years of negative self- thoughts, survivors have feelings of worthlessness and avoid others because they believe they have nothing to offer (Long et al., 2006). Ratican (1992) describes the symptoms of child sexual abuse survivors' depression to be feeling down much of the time, having suicidal ideation, having disturbed sleeping patterns, and having disturbed eating patterns Survivors often experience guilt, shame, and self-blame. In many instances, it has been indicated that survivors frequently take personal responsibility for the abuse. When the sexual abuse is done by an esteemed trusted adult it may be hard for the children to view the perpetrator in a negative light, thus leaving them incapable of seeing what happened as not their fault. 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 & Finkelhor, 1986).

Body issues and eating disorders have also been quoted as a long-term effect of childhood sexual abuse. Ratican (1992) describes the symptoms of child sexual abuse survivors' body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, eating disorders, and obesity. Survivors' distress may also result in somatic concerns. A study found that women survivors reported significantly more medical concerns than those who have not lived through sexual abuse. The most frequent medial complaint was pelvic pain

(Cunningham, Pearce, & Pearce, 1988). Some symptoms among survivors are often related to pelvic pain, gastrointestinal problems, headaches, and difficulty swallowing (Ratican, 1992). Stress and anxiety are often long-term effects of childhood sexual abuse. Childhood sexual abuse can be frightening and cause stress long after the experience or experiences have ended. Many times, survivors experience chronic anxiety, stress, anxiety attacks, and phobias (Briere & Runtz, 1988, as cited in Ratican, 1992). A subject area compared the posttraumatic 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 compared to symptoms from war-related trauma (McNew & Abell, 1995).

Some survivors may have dissociated themselves during the incident of sexual abuse as a means to protect themselves when it was too much for them to deal with it mentally. As adults, they may still use this coping mechanism when they feel unsafe or threatened (King, 2009). Dissociation for survivors of childhood sexual abuse may include feelings of confusion, feelings of disorientation, nightmares, flashbacks, and difficulty experiencing feelings. Denial and depression of sexual abuse are considered by some to be a long-term effects 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, 1992). Whether or not survivors can forget past childhood sexual abuse experiences and later recover those memories is a controversial issue. Some therapists believe that sexual abuse can cause enough trauma that the victim forgets or represses the experience as a coping mechanism. Others believe that recovered memories are fake or that the client is guided to create them (King, 2009) Survivors of sexual abuse may feel trouble in building interpersonal relationships. Symptoms correlated with childhood sexual abuse may hinder the maturation and development of relationships. 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, 1992). Feinauer, Callahan, and 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 relationships decreased. 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 as cited in Pearson, 1994). Kessler and Bieschke (1999) institute a significant relationship between adult females who were sexually mistreated in childhood and adult victimization.

Many survivors experience sexual difficulties. The long-term effects of the abuse that the survivor experiences such as; depression and dissociative patterns. Affect the survivors ability to function sexually. Maltz (2001a, as cited in Maltz, 2002) gives a list of the top ten sexual symptoms that often result from experiences of sexual abuse: "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; p. 323). A survey done on the prevalence and predictors of sexual dysfunction in the United States discovered that victims of sexual abuse experience sexual problems more than the universal population. They found that male victims of childhood sexual abuse were more probable to experience erectile dysfunction, premature ejaculation, and low sexual desire, and they found that adult females were more probable to have arousal disorders (Laumann, Piel, & Rosen, 1999). It is significant to point out that although research has proven there to be significant relationships between long-term effect variables and childhood sexual abuse, each victim's responses and experiences will not be the same. Although it is often viewed as a traumatic experience, there is no single symptom among all survivors and it is important for clinicians to focus on the individual needs of the client.

There are many important things for a counselor to consider when helping a survivor overcome long-term effects or symptoms of sexual abuse. The literature regarding the therapeutic process after disclosure has been made is limited and no specific treatment model is suggested (Kessler, Nelson, Jurich, & White, 2004). Although no specific treatment model is used for counseling survivors, researchers and clinicians have offered suggestions and important implications for counselors to think. This part of the paper will explore these counseling implications. Kessler et al. (2004) identified common treatment decision-making practices of therapists treating adult survivors of childhood sexual abuse. Their study revealed that regardless of the treatment mode, the therapists found it important to assess the client presenting problems, the effects the abuse has on their current functioning, and how the client currently copes. Because clients often have trouble externalizing the abuse, therapists may need to work with clients to increase their ability to accurately attribute responsibility. To help decrease levels of depression and anxiety, helpful goals for the survivor may be to increase their sense of dominance and increase their ability to accurately attribute responsibility (Hartman et al., 1987).

The therapeutic alliance is imperative to help counseling survivors feel safe. Childhood sexual abuse survivors often present with symptomatic problems, feelings, and behaviors that result from the abuse, rather than for the sexual abuse itself (Courtois 1988, as cited in Ratican, 1992). Feelings of fear or vulnerability may hinder the client from disclosing their childhood sexual abuse. Relationship building techniques such as using encouragement, validation, self-revelation, and boundary setting are encouraged to help establish the therapeutic bond. Taking on the survivor's version of their sexual abuse experience is often therapeutic and helps

strengthen the alliance (Pearson, 1994). It is significant for the counselor to allow the client time to build feelings of trust, safety, and receptivity because, sexual abuse is abusive in power by nature equality is stressed as an important factor. Allowing the patient to have dominance in both the rate and direction of the healing process is important (Ratican, 1992).

Client empowerment is a technique used by survivors. Van Velsor and Cox (2001) suggest it is vital to help survivors process, uncover, and express anger because anger can be employed to facilitate a customer feel empowered, appropriately attribute responsibility, establish limits, and encourage self-efficacy and ability. They recommend that the counselor helps the client reframe their anger into an emotion they can use to help define their rights and needs, explore the covert norms for anger expression among women, and help survivors use their anger for productive action and behavior. Aiding the customer in acquiring skills that will help them discover and develop supportive relationships, especially with a partner, is likewise regarded an important goal in helping a survivor overcome some of the long-term effects of childhood sexual abuse. Assisting the client gain skills that will serve them better adjust to, enhance, and develop internal relationships may be an important step in counseling a survivor of childhood sexual abuse. In a survey conducted by Feinauer et al. (1996), it was divulged that the better a survivor was able to adjust to intimate relationships, the lower their depression scores were despite the degree of abuse they felt. The writers indicate that positive intimate relationships may increase the survivors' feelings of safety, help them gain interpersonal experience, and experience reconnection. If the survivor is in a committed, long-term relationship, it is significant for the survivor's partner to also become educated about the long-term effects of childhood sexual abuse and learn ways they can actively take part in the healing procedure. Counselors can help couples learn to integrate communication, choice, trust, respect, and equality in their intimate relationship (Maltz, 2002). Feinauer et al. (1996) suggest that the therapeutic goals for a couple include resolution of issues related to physical and emotional safety, the resolution of distressing memories, increased trust between survivor and partner, understanding of survivor's symptoms, and participation in appropriate social reconnection.

Therapists are recommended to address the more general psychosocial problems before treating the sexual problems of survivors. This is imputable to the sensitive and vulnerable nature of gender. Survivors are more probable to experience success in sex and relationship counseling after resolving feelings about the abuse and gaining skills in fields such as assertiveness and self-awareness (Maltz, 2002). Maltz (2001a, as cited in Maltz, 2002) indicates that a first step in sexual healing is to aid the survivor connect their current sexual problems with their past sexual abuse. It may serve for the survivor to determine a list of the sexual symptoms that often are from past sexual abuse. Ratican (1992) traces the sexual symptoms of survivors to often include sexualizing relationships, inappropriate seduction, difficulties with affection and intimacy, compulsive sexual behavior, sleeping around, problems concerning desire, arousal, and orgasm, flashbacks, difficulties with touch, and

sadistic/masochistic tendencies. A discussion designed for sexual healing often focuses on understanding how the sexual abuse influenced their sexuality, adjusting sexual attitudes, bringing in a more positive sexual self-concept, decreasing negative sexual behaviors, finding out how to cope with negative responses to touch, and acquiring skills to positively experience touch and sexual intimacy (Maltz, 2002).

It is important that research continues on the topic of the long-term effects of childhood sexual abuse. The harshness of this event and the significant implications it has along the lives of survivors has been comfortably proven. With this knowledge, it is imperative that counselors continue to extend their knowledge of childhood sexual abuse. There is more to be learned about how counselors and therapists can best help survivors of childhood sexual abuse overcome its long-term effects. Further research is needed to address best exercises and treatment interventions for survivors. Childhood sexual abuse is often a traumatic experience that has many negative after-effects throughout the person's life. The effects of childhood sexual abuse last long into adulthood and counselors need to be well trained in order to provide the best services possible.