The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications

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Childhood sexual abuse is a subject that has received much attention in recent years. Twenty-eight 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). Sexual abuse that does not include touch and other types of sexual abuse are reported less often, which means this number of individuals who have been sexually abused in their childhood may actually be greater (Maltz, 2002). With such a high percentage of people having experienced childhood sexual abuse, it is likely that many people seeking therapy will have histories that include sexual abuse. It is imperative 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 is needed in counseling. This paper 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

There are many forms of childhood sexual abuse. The sexual abuse can involve seduction by a beloved relative or it can be a violent act committed by a stranger. Sexual abuse can be hard to define because of the many different forms it can take on, the different levels of frequency, the variation of circumstances it can occur within, and the different relationships that it may be associated with. Maltz (2002) gives the following definition: "sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion" (Maltz, 2001a, as cited in Maltz, 2002, p. 321). Ratican (1992) defines childhood sexual abuse as:

> any sexual act, overt or covert, between a child and an adult (or older child, where the younger child's participation is obtained through

> seduction or coercion). Irrespective 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 familial sexual abuse with women who experienced non-familial abuse. They found that women who experienced familial abuse reported higher current levels of depression and anxiety when thinking about the abuse. Other variables they found to increase the levels of reported distress were abuse 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 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 individual's internal resources, 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 for therapists to understand that childhood sexual abuse can take on many different forms that still exploit the victim sexually and cause harm. The perpetrator may exploit the child by introducing them to pornography prematurely, assaulting them through the internet, or manipulating them into taking pornographic photos.

Childhood sexual abuse infringes on the basic rights of human beings. Children should be able to have sexual experiences at the appropriate developmental time and within their control and choice. The nature and dynamics of sexual abuse and sexually abusive relationships are often traumatic. When sexual abuse occurs in childhood it can hinder normal social growth and be a cause of many different psychosocial problems (Maltz, 2002). The next section of this paper will review literature and research concerning these long-term effects of childhood sexual abuse.

The Long-Term Effects of Childhood Sexual Abuse

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, and relationship problems.

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 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. It has been shown 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 cited 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 did people who have not experienced sexual abuse. The most frequent medial complaint was pelvic pain (Cunningham, Pearce, & Pearce, 1988). Somatization 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 ceased. Many times survivors experience chronic anxiety, tension, anxiety attacks, and phobias (Briere & Runtz, 1988, as cited in Ratican, 1992). A study 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 comparable to symptoms from war-related trauma (McNew & Abell, 1995).

Some survivors 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). Dissociation for survivors of childhood sexual abuse may include feelings of confusion, feelings of disorientation, nightmares, flashbacks, and difficulty experiencing feelings. 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, 1992). Whether or not survivors can forget past childhood sexual abuse experiences and later recover those memories is a controversial topic. 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 false or that the client is led to create them (King, 2009)

Survivors of sexual abuse may experience difficulty in establishing interpersonal relationships. Symptoms correlated with childhood sexual abuse may hinder the development and growth 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) found a

significant relationship between women who were sexually abused 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 sexual functioning. 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 study done on the prevalence and predictors of sexual dysfunction in the Untied 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, 1999).

It is important to point out that although research has shown 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.

Counseling Implications

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 provided suggestions and important implications for counselors to consider. This section 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 client 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 control 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-disclosure, and boundary setting are encouraged to help build the therapeutic alliance. Accepting the survivor's version of their sexual abuse experience is often therapeutic and helps strengthen the alliance (Pearson, 1994). It is important for the counselor to allow the client time to build feelings of trust, safety, and openness. Because sexual abuse is abusive in power by nature egalitarianism is stressed as an important factor. Allowing the client to have control in both the pace and direction of the therapeutic process is important (Ratican, 1992).

Client empowerment is a technique used with survivors. Van Velsor and Cox (2001) suggest it is vital to help survivors process, uncover, and express anger because anger can be used to help a client feel empowered, appropriately attribute responsibility, establish boundaries, and promote self-efficacy and power. They recommend that the counselor help 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.

Assisting the client in gaining skills that will help them find and develop supportive relationships, especially with a partner, is also considered an important goal in helping a survivor overcome some of the long term effects of childhood sexual abuse. Helping the client gain skills that will help them better adjust to, enhance, and develop intimate relationships may be an important step in counseling a survivor of childhood sexual abuse. In a study conducted by Feinauer et al. (1996), it was revealed that the better a survivor was able to adjust to intimate relationships, the lower their depression scores were despite the level of abuse they experienced. The authors suggest 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 important for the survivor's partner to also become educated about the long-term effects of childhood sexual abuse and learn ways they can actively participate in the healing process. Counselors can help couples learn to integrate communication, choice, trust, respect, and equality into 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, resolution of distressing memories, increased trust between survivor and partner, understanding of survivors 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 due to the sensitive and vulnerable nature of sex. Survivors are more likely to experience success in sex and relationship counseling after resolving feelings about the abuse and gaining skills in areas such as assertiveness and self-awareness (Maltz, 2002).

Maltz (2001a, as cited in Maltz, 2002) suggests that a first step in sexual healing is to help the survivor connect their current sexual problems with their past sexual abuse. It may help for the survivor to see a list of the sexual symptoms that often are from past sexual abuse. Ratican (1992) describes the sexual symptoms of survivors to often include sexualizing relationships, inappropriate seduction, difficulties with affection and intimacy, compulsive sexual behavior, promiscuity, problems concerning desire, arousal, and orgasm, flashbacks, difficulties with touch, and sadistic/masochistic tendencies.

A treatment designed for sexual healing often focuses on understanding how the sexual abuse influenced their sexuality, adjusting sexual attitudes, gaining a more positive sexual self-concept, decreasing negative sexual behaviors, learning how to cope with negative reactions to touch, and developing skills to positively experience touch and sexual intimacy (Maltz, 2002).

Conclusion

It is important that research continue on the topic of the long-term effects of childhood sexual abuse. The severity of this issue and the significant implications it has on the lives of survivors has been well established. With this knowledge it is imperative that counselors continue to expand their knowledge of childhood sexual abuse. There is much to be learned on how counselors and therapists can best help survivors of childhood sexual abuse overcome its long-term effects. Further research is needed to address best practice and treatment interventions for survivors. Childhood sexual abuse is obviously often a traumatic experience that has many consequences throughout the person's life. The effects of childhood sexual abuse last into adulthood and counselors need to be well trained in order to provide the best services possible.

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