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## THE EFFECTS OF CHILDHOOD SEXUAL ABUSE ON ADULT LIFE AND COPING PROCESS

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### Abstract

This study is about the own child sexual abuse experience of a participant followed by a critical literature review, case presentation, method and conclusion. The literature review firstly presents definitions about abuse, sexual abuse, prevalence of childhood sexual abuse and then focuses on effects of child sexual in childhood and adulthood. Case presentation includes parts from own narrative of the research participant and principally outlines the effects of sexual abuse experience from childhood to adult life. The study was designed in a phenomenological pattern that is rooted in qualitative research. As a result of the analysis, *emotions after sexual abuse, need of support, injuring of sense of trust, memories and flashbacks, coping with and managing negative effects of sexual abuse* themes were obtained. In line with the findings, sources of the participant are related to sexual abuse in childhood was determined, and the contents of the themes were presented in detail.

**Keywords:** Child Sexual Abuse, Childhood, Adulthood, Coping Process.

### Introduction

In today's world where everything is changing and developing rapidly and living conditions are getting more and more complex, it is of great importance that children and youth, who are the future of societies, are raised in safe environments and in healthy conditions. Children may encounter various adverse situations which prevent their healthy development. Some of them are deprived from love, care and maintenance they need, some of them are exposed to violence by their parents or caregivers, some of them are seen as labour and some are sexually exploited (Juettner, 2009). This situation is stated by the term of "child abuse and neglect". Nowadays, while child abuse and neglect still continues as a major universal issue, also, they leave deep psychological scars which affect lifelong development of abused or neglected

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children (Butchart & Kahane, 2006). Abuse is categorized under four titles as physical, emotional, sexual abuse and neglect (Shannon, 2009).

According to data from the Statistics Institute of Turkey, physical and sexual abuse is the most common abuse type of and their prevalence is increasing steadily (ASUMA & IMDAT, 2018). In this study, child sexual abuse and its effects on post-life will be discussed in light of the main purpose. Therefore, other forms of abuse will not be considered. Among the types of abuse, sexual abuse, which is the most difficult to identify and accept by society, and which is mostly hidden, is an important phenomenon in terms of its short and long-term effects on the child (Rowan, 2006).

Child sexual abuse and neglect is defined as:

- “any recent act or failure to act on the part of a parent or caregiver which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway, 2008).

Definitions of child sexual abuse may vary from country to country, depending on cultural and social values (Kinneer, 2007; Smith, 2008). Child sexual abuse is a complex life experience that cannot be limited to a diagnosis or disorder (Putnam, 2003). A comprehensive definition of sexual abuse is expressed as sexual abuse is the compulsion of children and adolescents who are developmentally immature, to engage in sexual activities that violate the social taboos of the culture and are illegal (Goodyear-Smith, 1993). In addition to the relationship of perpetrator with children, the level of intimacy of perpetrator with children, the type and duration of the sexual abuse, the age and development phase of children, the age and gender of the perpetrator, psychological development of children before sexually abused, the nature of and the number, frequency and duration of the abuse experiences are outstanding determinants of sexual abuse experience (Putnam, 2003; Runyan et al, 2002).

Children of all ages may face the risk of sexual abuse without age restriction (Bolen, 2001). Child sexual abuse is a painful and stressful experience which has long term emotional, behavioural and psychological on health (Bagley & King, 1990). One of the main handicaps of child sexual abuse is hiding and not to be open to parents. Research results show that, children do not explain their sexual abuse experience because of being threatened for keeping secret, being lack of information about sexual abuse or lack of awareness of being abused, fear of not being believed, being ashamed and cannot understand what happened (Crisma et al., 2004; Richardson & Bacon, 2003).

Study by Logan, Cole and Capillo (2007) demonstrates that children are not being informed sufficiently about sexual development and sexual abuse. Sexual education is an education which starts in childhood and continues to adulthood. Children, who are not being informed about their sexual development, may fulfil their need of learning about sexual development from wrong ways and get false information. This situation reduces the chance of protecting children from sexual abuse. Children should learn sexual development, sexual abuse and the ways of prevention from their parents as their first teachers (Haffner, 2008).

“Culture is a set of beliefs, attitudes, values, and standards of behaviour that are passed from one generation to the next” (Abney, 2002). It is an outstanding factor which gives people a sense of “us” and “them.” Thus, while people are evaluating themselves, their environment or trying to understand the world, their culture affect their perception about their behaviour which is ‘right’ or ‘wrong’ These perceptions also can be changeable from family to family. If families do not have biases about sexuality, they may be more ready to talk with their children about their sexual development. Thus, children may feel themselves more relaxed and less worried when they want to talk with their parents or caregivers (Fontes, 2005). Cultural values are important factors of that experience and its long-term effects are also influenced by culture and cultural values. “Gender roles, religious beliefs, views of virginity, disciplinary practices, and a host of other cultural norms together shape a person’s experience of maltreatment” (Fontes, 2005).

While the sexual abuse cases have a high rate in Turkey, investigating the reasons to generate solutions begins to take place as the most basic need. Experts principally emphasize the importance of training families. There are several comprehensive studies for researching the views of Turkish parents corresponding with getting information about sexual education of children and the ways of prevention child sexual abuse. The research results revealed that many the parents have not received training about child sexual development and child sexual abuse. Also many of them do not have any idea about child sexual abuse. On the other hand, a small proportion of families wanted to get training about sexual abuse (Balci, 2011; Calisandemir et al., 2008).



As it is mentioned above, clinical features of sexual abuse and its effects show an alteration depending on many different outcomes (Putnam, 2003; Runyan et al., 2002). Child sexual abuse is related to a number of interpersonal and psychological problems (Benedict & Zautra, 1993; Finkelhor, 1990) and the effects of child sexual abuse are versatile. They are categorized by Bagley and King (1990) as “physical (somatic complaints); psychological (impairment or distortion of emotions; affect and motivation); cognitive (memory loss); and social (impaired relationships and continued victimization due to confusion about intimacy and abuse).”

The first of its effects is the child's trust being damaged and the feeling of being betrayed by those she trusts (Finkelhor, 1986; Kendall-Tackett, Finkelhor & Williams, 1993). When the abuser is a stranger, their sense of confidence may be affected more less; but in such a case, they may feel angry to their parents or caregiver not to be protected by them and maybe think they were not protected because they are unlovable. These feelings may continue throughout their life (Finkelhor, Hotaling, Lewis & Smith, 1990; Richardson & Bacon, 2003).

The other negative effect of child sexual abuse is fear of stigmatisation. Thus, abused children may face feelings of worthlessness, shame and guilt. Cultural perspectives are extremely determiner on these feelings (Benedict & Zautra, 1993; Finkelhor, 1990). Also, feel of ‘powerlessness’ and ‘despair’ are common senses seen after sexual abuse experience. Children may have these feelings when they are abused under pressure and are unable to prevent it. (Choquet et al., 1997). Further effect of sexual abuse is ‘traumatic sexualisation’. It is defined as the shaping a child's sexual feelings and attitudes in a way that is not suitable for their development. Sexual abuse may lead to problems related to sexual emotions, concerns about a homosexual identity, sexual attitudes, fears, and anxieties about sexuality, negative body image (Alexander & Lupfer, 1987; Finkelhor & Williams, 1993). On the other hand, it is also clear that sexual abuse by attachment figures or relatives cause more complex problems for the children (Ross, 1997). Furthermore, other common effects of sexual abuse are: “insecure attachment, low self-esteem, negative self-perception, interpersonal problems, disturbance or differentiation in peer relationships”. These problems may continue in the following years of life (Bagley & King, 1990; Mullen et al., 1996; Springer et al, 2003; Swanston et al., 2003).

A study conducted by Beitchman et al. (1992) to specify the long-term effects of child sexual abuse, concluded that “women who report a history of child sexual abuse are more likely to experience anxiety and fear, depression and depressive symptoms, and are also more likely to experience suicidal ideation and behaviours”. Also findings demonstrate that childhood sexual abuse has long-term effects on child adjustment in the succeeding generation (Roberts et al., 2004), adult mental health, close relationships. Also, those children may have more conflictual friendships in their social life (Howe & Parke, 2001; Roberts et al., 2004). Ambivalence is also seen another effect of sexual abuse. Children who have been sexually abused, often have mixed feelings that they cannot make sense of what they are going through (Kinnear, 2007).

One of the hard-to-cope emotions caused by abuse is shame. Shame is defined as “a painful feeling of having lost the respect of others because of the improper behaviour, incompetence, etc., of oneself or another” (Neufeldt & Guralnik, 1986). Also, “Phenomenologically, shame is a painful emotional experience and is associated with an overpowering desire to hide or disappear” (Lewis, 1992). Childhood sexual abuse may cause feelings of shame depending on the degree of abuse (Feiring & Taska, 2005). A study by Kim, Talbot and Cicchetti (2009) indicated that shame is significantly related to childhood sexual abuse. Individuals with a history of sexual abuse stated that they felt or were more prone to shame in their daily lives than those who were not sexually abused, and that they had more interpersonal conflicts. Further research results also added that stigmatization is related to shame and due to feeling or fear of stigmatization, sexual abuse victims feel themselves more blameworthy (Finkelhor & Browne, 1986; Wolfe & Gentile, 1992). In addition, Feiring, Taska, and Lewis (1998) expressed that children who are exposed to sexual abuse show more self-blaming behaviours and shame for being abused.

One of the areas affected by childhood sexual abuse is intimacy relationships. Intimacy which is defined as feelings of closeness and trust to significant one (Altman & Taylor, 1973) may be seen at a low level after childhood sexual abuse experience (Colman & Widom, 2004). Children, who experience abuse, may find it difficult to rely on others with much more fear of intimacy. They are prone to trust themselves much more and while developing balanced intimacy, they have more difficulties compared to not been sexually abused people (Hazan & Shaver, 1994; Shaver et al., 1996). Several studies on sexually abused women showed that they have poorer interactions, less satisfaction in close intimate relationships (DiLillo et al., 2001; Nielsen, Wind, Tjornhoj-Thomsen & Martinsen, 2018) and also more controlling or avoidant



behaviours (Colman & Widom, 2004; Mickelson et al., 1997; Stoops, 2015; Whiffen, Thompson, & Aube, 2000). Considering the difficulties of childhood sexual abuse in later years, there is a great need for studies in this topic. Based on this need, the main goals of this study are:

- Investigating the effects of childhood sexual abuse experience on participant's life from childhood to adulthood deeply.
- Evaluating the process of coping with painful experiences and healing process.

### **Method**

This study was conducted with a qualitative research method. A phenomenological study attempts to describe the lived experiences of several individuals that have a common phenomenon. Phenomenological research shifts the focus onto the collective experiences and reports on the essence of that experience (Creswell, 2007). Since qualitative studies aim to obtain in-depth information rather than constructivist-based positivist approach, they prefer to reach in-depth data with a small sample rather than reaching large masses. For this reason, the sample size in qualitative studies generally ranges from 1 to 10 (Starks & Trinidad, 2007). This study presents the narrative of an individual who was sexually abused in childhood. For present study, the following sub questions was sought to be answered:

- What are the effects of the participant's own childhood sexual abuse experience on her life from childhood to adulthood?
- What kinds of steps have helped her though coping process?

### **Participants**

This study was conducted with one participant who was sexually abused in childhood. The participant of this study is in the sample group of another qualitative study conducted by the researcher. After the interviews of the related study were completed, a face-to-face individual interview was held for this study, with the permission of the participant. The interview was conducted with semi-structured questions. In order to create a sense of safety and privacy, the researcher encouraged the participant to be interviewed where she felt most comfortable. The participant is 21 years old and continues her master education. General information about the participant's narrative is presented below. The case was told in general terms based on the statements of the participant.

"This narrative is about the participant's sexual abuse experience in her childhood. When she was sexually abused, she was 6 six years old. She was exposed to abuse nearly one and a half years by her two relatives 8 years older than her. She was lack of information about sexuality or sexual abuse in those years and she has never informed about these issues by her parents. In her sight that was a terrible experience which will be with her through her life. She has kept secret her abuse experience until two years ago when she shared it with her boy friend. She stated that she faced many difficulties throughout her life due to having sexual abuse history and keeping it as a secret. In her master's program she had a lecture about abuse and that was a big challenging for her. Also it means the opening of the gates again related to her childhood sexual abuse experience and thus she started to think on it time and time again. She read many articles and case reports about childhood sexual abuse. Also she was trying to finish her dissertation which was also about prevention of child sexual abuse. However studying on sexual abuse was useful for her, she could not find time to focus on her own sexual abuse experience. She always felt herself hovering it without any depth and she was still suffering. She needed to stand alone to think, focus on and evaluating her pains deeply. Upon this, she decided to receive therapy support."

### **Data Collection and Procedures**

Prior to data collection, the researcher attempted to bracket her experiences with the phenomenon. In phenomenological studies, interviews generally consist of three parts as "past experiences with the phenomenon", "present experiences with the phenomenon" and "a combination of both past and present to describe the participants' overall experience with the phenomenon" (Marshall & Rossman, 2011). Within the scope of this study, open-ended questions were asked during the interview with the participant in order to gain in-depth information. The length of the interview with the participant was 62 minutes. The interview was audio recorded. The data was analysed with MAXQDA software. This program was used to determine the codes that reveal the participant's experiences. In the next step, the codes were grouped over experiences



with similar contents and then themes were created. Each of the themes represents the essence of the participant's experiences.

In this study, it was tried to provide internal validity via long-term interaction, in-depth data collection, expert's examination and participant's confirmation while external validity was provided through the detailed descriptive and purposeful sampling method. Besides, consistency examination was performed for internal validity and confirmation examination for external validity.

## Results

In this study, which aims to investigate the effects of childhood sexual abuse on the participant's life from childhood to adulthood deeply and to evaluate the coping and healing process, the themes of *emotions after sexual abuse, need of support, injuring of sense of trust, memories and flashbacks, coping with and managing negative effects of sexual abuse* were obtained.

### Emotions after Sexual Abuse

While telling narrative, the participant primarily talks about the emotions she experienced most intensely. In the narrative of the participant, it was seen that her first emotions after being abused were fear, anxiety and shame. In order to cope with these emotions and feel stronger, she generally prefers to form friendships with males: "After I had sexual abuse experience at 6 years old, I remember that I was alone with my feelings of fear, anxiety and shame. I can define them as; being ashamed of myself and my body, fear and anxiety due to being in a quandary, self-depreciation, and fear of being blamed. My first shame was to my body and being female. Between 6 and 8 years, I wore clothes which are normally for males like trousers, tie and usually preferred playing games with boys. Also I had a fear of being pregnant. I checked my belly long time and that was really a terrible anxiety for me. 'What will I do if I am pregnant?' I have never answered my question and I wanted not to be alive at moments like this. But I could never make bold. It was like the fall of my childhood."

### Need of Support

It is observed that the participant did not receive any training on sexual education or sexual abuse. In addition, the participant stated that her family did not have any knowledge on this subject, she felt lonely when exposed to abuse. In this sense, the need for support is one of the most prominent themes in the participant's story: "We were not being informed as children about sexual development and sexual abuse in our lessons during our primary or secondary school education. Also my parents did not give any information about these issues due to their cultural values. Therefore, I started to become conscious in my adolescence period after my readings. Since that period I had always thought that my sexual abuse experience would not be accepted in my culture."

### Injuring of Sense of Trust

The participant revealed that after being abused, her sense of trust was shaken and this forced her in many areas of her life. It is observed that this feeling of the participant is accompanied by a feeling of worthlessness and that she avoids happiness in order not to get hurt again: "My sexual abuse experience caused many other difficulties in my life. The belief which I lost firstly was about "trust" because of being abused by close relatives. I wanted to reply this question 'Who can I trust?' That was a big struggle and sensitive situation in my relationships. I started to remain at bay to people around me. Specially, I used to avoid from hugging my parents. Because I was thinking that I was not their little innocent daughter and loveable. Moreover, the distance with my parents started to increase day by day. Thus, I used to think that anyone could injure me. For this reason, I preferred to spend most of my time with myself and even I was regarding me as my best friend. On the other hand, I could not accept happiness as my incontestable right and usually fostered negative emotions with a pessimistic perspective not to have bad experiences again."

### Memories and Flashbacks

The experiences that remind her of her childhood abuse are among the challenging moments in the participant's life. For instance, she mentions that studying the topic of abuse in her master's thesis is tiring for her and reminds her of her childhood memories: "While I was studying on sexual abuse in my Master's dissertation, I had the moments which I needed to vomit. During that process I was speculating on it,



focusing my feelings and also the moment. Also, I had a relationship but I noticed that I was maintaining it because I was feeling safe. This feeling was extremely important for me and it's deficit was like a nightmare. Therefore I decided to give my boyfriend the elbow. I believed that I had to allocate time for myself to be alone with me to think deeply. Unfortunately I couldn't do it because of having busy schedule."

### **Coping with and Managing Negative Effects of Sexual Abuse**

The participant states that the therapy supports her in a positive way in dealing with negative emotions arising from his abuse experience. He states that this situation is an important step, especially in the healing process: "When I learned that we were required to engage in personal therapy for 40 hours in our Master's program, I rejoiced ever so much. Also, our personal development was prior in the contents of the modules and that was really exciting. I have got around to myself to think as I have never done during the first term. Within that process, there were some highly effective steps which were definitely healing for me."

At the same time, she stated that an activity related to shame in her graduate course was very effective for her: "A useful practise was 'Box of Shame' activity. The main purpose was creating the shape of our shame experience with dough and then hiding it in a box. My shame was about my sexual abuse experience. It was a little girl whose abdominal region was black, face was red, head was both black and white and heart was yellow painted. Black colour was for reflecting the negative thoughts, red was for shame, yellow was for hope and white was for the beliefs about something would be better later on. I could throw my shape but I did not do. It is my tangible object to leave behind before turning back my own country after Master's program."

### **Conclusion**

For the purpose of this study, childhood sexual abuse and its effects were investigated from the perspective of the sexual abuse that the research participant was exposed to in her childhood. The findings indicate that childhood sexual abuse is a complex experience with long-term effects. One of the most challenging issues for the participant after being exposed to abuse is that they have no knowledge of sexuality and sexual abuse. The participant points out the lack of information as an important source of her fears and anxieties. In this sense, the results of this study emphasize the importance of training on sexual development, sexual abuse and prevention techniques for children and families. The participant states that her family's values and negative attitudes on this issue are determinant in her not sharing the abuse she experienced and keeping it secret. According to her, they weren't ready to hear her sexual abuse. Indeed, they were lack of knowledge about child sexual development and the importance of informing children about sexual abuse prevention ways. As it was mentioned in the literature review, she couldn't have such an opportunity to obtain information about sexual abuse and prevention ways. Therefore, unawareness was one of the basic reasons of her difficulties. Crisma et al. (2004) outlined the crucial need for training children and adolescents about the risks of being sexually abused. In this respect, there are several hopeful works for prevention of child sexual abuse. For instance, 'Good Secrets, Bad Secrets Sexual Assault Program' was resulted successfully in informing students related to sexual abuse and its prevention (Snyeder, 1986). A study by Taylor (1991), the point is made that 'Child Abuse Research and Education Program (C.A.R.E.)' has a significant impact on increasing the knowledge of students about sharing their negative experiences with their families and teachers. Besides all these, training of parents about risks of sexual abuse and prevention ways is highly important. Thus, they can find analytical approaches to risk of child sexual abuse (Chen, Fortson & Tseng, 2012; Duane & Carr, 2006). Rosenthal, Feiring and Taska (2003) expressed that child victims of sexual abuse who are emotionally supported by their parents or caregivers report more satisfaction, adjustment and higher self-esteem with less fear than unsupported ones. Children who believe that they will be judged have much more shame or fear to share their experiences and difficulties with their families.

In the narrative of the participant, it is seen that the moments that remind her of her experience of abuse are quite challenging. As Shannon stated (2009) "If you have a flashback you may not only see what happened but also experience all of the emotions and feelings that you had at the time of the assault". Also, evocative elements of sexual abuse experience like sounds, smells, people and places may trigger memories and flashbacks. Flashback moments can be frightening and cause feeling of panic. This situation is similar in the participant's narrative. It should be kept in mind that victims of childhood sexual abuse may spend many years to get away from the negative emotions they experience. However, contact with these emotions is one of the most fundamental components of the healing process.



The participant's experiences or struggles to decrease the negative effects of sexual abuse were absolutely healing for her. She stated that she has read too many books and case examples with content similar to her own story. That was a useful way for her not to feel herself alone. Also, she explained that the process of exploring herself and her personal strengths were healing. She had more positive viewpoint to deal with her difficulties. The participant summarizes the reflection of her experiences when she feels helpless with the following sentence: "I feel myself in a prison which I created in my mind and in fact, I was in it only for thinking, gaining awareness, struggling." But she expresses herself that this feeling transformed over time: "On the other hand, I believe that this prison is a mental process where I will explore and reveal my strong sides and make a unique contribution to my life".

The participant mentioned that she started receiving therapy support while doing her master's degree. There are also several researches about the positive effects of therapy process on sexual abuse victims. The main positive sides are emotional catharsis, confrontation (Giarretto, 1976), resolution of ambivalent feelings through identifying and understanding the difference between feelings and actions, and accepting this ambivalence as normal, improvement of self-esteem (Dawson, 1983) and gaining control over self-destructive and self-defeating behaviours (Faria & Belohlavek, 1984). Therapy is also a process which has a strong effect the emergence of personal strengths. Personal strengths are defined as 'the characteristics of a person that allow them to perform well or at their personal best' (Wood et al., 2011). Research results by Govindji & Linley (2007) and Wood et al. (2011) demonstrated that there is a positive relation between use of personal strengths and levels of well-being. The findings obtained from the story of the participant also support the positive relationship between self-empowerment and well-being.

In addition to individual therapy, group therapies may also be quite functional in abuse cases. For instance, process groups focus on interpersonal process and problem-solving strategies that stress conscious thoughts, feelings, and behaviour. These groups have an interactive process where participants focus on their personal or interpersonal problems. Thus, group members may have a chance to enhance their personal qualities (Ward, 2006) and cope with and solve their problems with interactive feedbacks from other participants. Course of proceeding takes place in a here-and-now time frame. Group process also has an open structure which allows participants guide the group (Corey et al. 2010). Although the participant does not mention such an experience, it may be functional to participate in group therapies in the well-being processes of individuals exposed to abuse.

This study is important in terms of revealing the problems experienced by an individual who was exposed to sexual abuse in childhood, its effects on it, and coping processes. However, abuse is an issue that needs extensive and in-depth investigation. Therefore, studies with more participants are needed to examine the effects of childhood abuse on adult life.

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