

Working with sexually abused children

Insights from adult survivors

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In a qualitative study of adult women's experiences of having been sexually abused as children, research participants reported their recollections of their responses, as children, to sexual abuse and of their relationships with mothers and peers.

Childhood responses to sexual abuse included attempts to escape, fear, guilt and shame. Attempts to escape encompassed physical resistance as well as mental processes, such as daydreaming and dissociation. Despite numerous such attempts to escape, in the context of immobilising fear, many still blamed themselves for the sexual abuse. Many also experienced shame, a profound sense of exposure and humiliation. Relationships with mothers were dominated by feelings of loss and betrayal which, in several cases, had persisted into adulthood. Relationships with peers were characterised by isolation, with underlying fear of rejection and humiliation. Physical and verbal abuse, by a wider range of perpetrators, was common.

Several conclusions for therapy with sexually abused children are drawn: Attention to the full range of attempts to escape sexual abuse, in the context of immobilising fear, could help dispel children's sense of guilt about sexual abuse. The experiences of guilt and shame should both be addressed. In not blaming mothers for sexual abuse, any negative aspects of the child's experience of his or her relationship with mother should not be inadvertently minimised. The fear of exposure or rejection underlying poor peer relationships should be addressed as part of attempts at improving peer relationships. Isolation accruing from other forms of child abuse by a wider range of perpetrators needs to be addressed.

In a study of adult women's experiences of having been sexually abused as children (Darlington 1993), ten women commented in detail on their recollections of their childhood sexual abuse and the long term impact of childhood sexual abuse in their lives. Their experiences as children, in the context of intrafamilial sexual abuse, have clear implications for work with sexually abused children.

The study

Participants in the study were contacted through the cooperation of social workers in public and private practice, and through the leaders of support groups for adult survivors of childhood sexual abuse, in Brisbane and neighbouring local government areas. The women were predominantly younger adults whose mean age was

29.3 years - the youngest was 19 years and the oldest was 51 years. Five of the women had been sexually abused by their natural father only, one by her natural father and an uncle, one by her natural father and a brother, one by her stepfather, one by a brother only, and one by another male relative. The range of women and experience of abuse included in the study was not intentional, but reflects the range of clients recruited by the referring agencies. Unstructured, taped interviews were conducted with each woman. The mean duration of the interviews was 2 hours 45 minutes.

The women's age at interview, the perpetrators they reported, and the women's age when sexually abused, as reported in this study, are presented in Table 1. Throughout this paper, the women are referred to by the pseudonyms I have given them.

There are, of course, clear limits to the extent to which the reports of the adult women in this study can be extrapolated to the experience of child victims at the

time of the abuse. First, the sources of this material are the women's adult constructions of what they experienced in childhood. No claim is being made that the women had direct, unmediated access to precisely what it was like for them at the time. Second, it is recognised that there were significant gaps in the women's memories of their childhoods. Third, whilst most of the women were able to give approximate ages at which particular experiences occurred, they were mostly unable to put that experience in the context of their developmental stage at the time.

Even so, there is value in the women's retrospective accounts of their experience of sexual abuse in childhood. They bring a sense of perspective that enables them to perceive and comment upon the inter-relatedness of various experiences, as well as the impact of time and other mediators upon those childhood experiences. Their accounts hold implications for understanding how children experience sexual abuse, and so for the development of more helpful ways of working with sexually

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A version of this paper was presented at the Tenth International Congress on Child Abuse and Neglect, Kuala Lumpur, September 1994.

Table 1 *The woman who participated in the study: age, perpetrators and age at abuse*

Participant	Age	Perpetrators reported	Age at abuse (recalled & reported)
Anna	24	father, uncle	9-15
Bronwyn	24	father	8-16
Cynthia	32	brother	5-19
Denise	24	other male relative (grandfather surrogate)	3-5
Evelyn	26	brother, father, grandfather	7-15
Fay	51	father	5-17
Glenda	19	father	14-18
Helen	30	father	5-16
Irene	32	stepfather	5-16
Judith	32	father	?-? (throughout childhood)

? Respondent does not recall the age at which abuse began or ended

abused children. These implications relate first to the child's experience of self; second, to the child's relationships with others; and third, to the child's overall experience of abuse.

The child's experience of self

The women's accounts of their responses as children to their sexual abuse revealed the major themes of attempts to escape, fear, guilt, and shame, and within each, numerous sub-themes and variations. Their reports underscore the importance of ascertaining the child's subjective experience of what is happening to him or her. For example, the precise source and nature of an observed fear response could only be ascertained through discussion with the child experiencing it.

The women's accounts of their attempts to escape the sexual abuse reveal that their responses were largely directed towards survival. When physical escape was an option, they took this. Mostly however, modification of the external environment was not an option. Instead, the girls skilfully modified their experience of what was happening to them through various means of mental escape, such as, daydreaming, isolation of affect, dissociation and repression. Not surprisingly, it was found that physical means of escape were mostly used in adolescence, whereas dissociation, isolation of affect and repression were far more common among younger children. The women's accounts add useful understanding to the phenomenology of these experiences. For example, Evelyn's description of a continuum between daydreaming and dissociation indicates that dissociation came into play at times when there was a

far more imminent and significant threat to self, such as during the sexual abuse itself.

Evelyn daydreamed at school, of which she said:

Well switching off at school you could sort of go into a dream world, I mean it wasn't, I mean school never really hurt me. It didn't do me much good but it never hurt me.

She experienced a sense of control over the process of daydreaming:

Yeah, you just look out the window and the mind just keeps going. It was never in the classroom, it was always going where you wanted it to go.

In contrast, dissociation during sexual abuse was automatic and beyond her conscious control:

With the switching off there's no feeling, you just sweep everything off. You're like a dead porpoise I suppose. You're just sort of cold - no thoughts, no feeling. You exist but you never let go.

And:

Yeah, no function whatsoever. Just like you've pulled the plug.

Fear was also reported as a predominant response to being sexually abused in childhood. Fear was associated with uncertainty, with waiting for something awful to happen. The women described a constant state of vigilance, of preparedness for the worst. Bronwyn, for example, recalled, at the age of eight:

And like Dad used to work till about three or four in the morning, sometimes later and he used to come in straight after work and hassle me and it got to the point I was too scared to sleep because I was waiting for him to come in all the time.

During the sexual abuse, fear was most often associated with powerlessness to stop what was happening and uncertainty as to what was going to happen next. The women reported fear of punishment, harm and death. All of the women responded to fear with compliance. This was, for them, the only possible way of avoiding further violence. Submission did nothing to relieve the fear but had the effect of staving off the feared consequence of punishment, harm or death.

Despite the great variety of escape methods and the immobilising fear that these women reported, many have, in

retrospect, blamed themselves for having complied with the sexual abuse, for not having run away. They construed their lack of physical action as giving in, and by default, 'accepting' the sexual abuse. And in 'accepting' the sexual abuse, they held themselves culpable. They believed that they should have said 'no' or run away, even though they accepted intellectually that they had had no other options and that the abuser, as the adult, had been responsible for the abuse. Most of the women still did blame themselves at some level some of the time. Their feelings of guilt have proved to be quite resistant to change despite exhortations from professional helpers that they were not to blame for the sexual abuse. As Bronwyn said:

And people say, 'It wasn't your fault; it had nothing to do with you; you were a victim of circumstance' and they expect you to leave it at that and say, 'Right, well I wasn't to blame and life goes on'.

Anna's experience of conquering self blame was incremental:

I believe more and more that it's not my fault.

It is important, therefore, in therapy with sexually abused children and with adult survivors of sexual abuse, to acknowledge positively all the ways in which they tried to escape, and the great resourcefulness they brought to bear in this process. This may well constitute a more believable rationale for children and adults, struggling to accept that they were not to blame for the sexual abuse, than simply being told they were not to blame.

A related issue is the experience of shame. The women in this study clearly identified experiences of both guilt and shame. They felt guilty for their involvement in the sexual abuse as well as for any negative consequences for other family members subsequent to disclosure. Shame was most often experienced as a feeling of acute exposure, of humiliation, and of being seen to be the bad people they believed themselves to be. Shame was particularly associated with hiding from contact with others, which in turn heightened the girls' sense of isolation from others.

Whilst the literature on therapy with sexual abuse victims has addressed the impact of guilt and self-blame (Browne & Finkelhor 1986; Hoagwood 1990; Lamb 1986), there has been less attention paid to the experience of shame. Lewis (1990) postulates that shame differs from guilt in that the emphasis with guilt is on the external act, whereas with shame it is on the self. Guilt carries the possibility, though certainly not the inevitability, that the self can act to repair things done or not done. The self remains intact. With shame, the self is helpless. Relief seems

possible only through making the self invisible. Thus shame involves self-abrogation and reflects more intrinsically upon one's sense of self.

In working with sexually abused children and with adult survivors, it is important to acknowledge the experiences of both guilt and shame, and to work to alleviate the impact of both. Several of the women in this study spoke of continuing to feel guilty about the sexual abuse in adulthood, even though they had had counselling in relation to the abuse. It may be that part of the resistance of the women's feelings of self-blame reflected insufficient professional focus on the related experience of shame.

The child's experience of relationships with others

Sexual abuse does not occur in isolation from other relationships. Negative impact on relationships with others is almost universally reported as a major impact of childhood sexual abuse (Cole & Putnam 1992; Courtois & Watts 1982). The women in this study spoke particularly about their relationships in childhood with their mothers and with peers.

RELATIONSHIPS WITH MOTHERS

The women reported having felt largely unsupported by their mothers in childhood. Their accounts were dominated by feelings of being discounted, not heard, not important, not wanted and not good enough. Whatever they did, they could not attract the attention of the person they believed would have been most able to help stop the abuse. And when the sexual abuse was eventually disclosed, they felt that the support they needed was not forthcoming. Some felt themselves blamed for the sexual abuse. Some were acutely aware of their mothers' conflicting loyalties but felt themselves to be the ones who were eventually not chosen for support. They felt that their own experience was not acknowledged and that others' needs took precedence over theirs.

Efforts put into empowering and supporting mothers and other non-abusing significant others will clearly have benefits for the well-being of the abused children as well as for the adults themselves (Humphreys 1990). In doing so, however, the child's experience of betrayal should not be inadvertently minimised. Acknowledgment and understanding of the child's sense of betrayal and loss is essential to any hope of repairing the relationship between mother and child.

Many of the women in this study reported continued estrangement from

their mothers in adulthood. Some have never attained relief from the sense of loss. Glenda said:

But a lot of times I just sit down and I cry and I think 'Why me' or 'Why anybody' and 'Why is this world like it is today' and 'Where's my mother. I want my Mum back.'

At best, others have reached a point of resignation that their relationships with their mothers will never be repaired. Bronwyn said, 'I would like a relationship with my mother but I don't think somehow that will ever be'.

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PEER RELATIONSHIPS

The women all reported having been isolated from peers in childhood. In many cases they actively fostered the isolation, due to fear of rejection, or to feeling different from peers, and not worthy of their attention. This in turn exacerbated their sense of isolation and further reinforced their feelings of worthlessness.

Childhood peer relationships are significant, as, along with family and school relationships, they constitute a major context of socialisation. Peer relationships play an important role in the development of children's social skills, sense of security and conception of and feelings about the self (Bukowski & Hoza 1989), and the adequacy of peer relationships in childhood is a good predictor of adolescent and adult emotional adjustment (Hartup 1976).

Three themes dominated the women's experiences of peer relationships in childhood. First, they isolated themselves from peers because of the fear of rejection.

They feared being found out for the 'dirty' children that they believed themselves to be. Fay, for example, said:

I couldn't tell my girlfriends because, what if they didn't want to play with you any more? See, you're marked then. I had the feeling that their mothers would say, 'You're not playing with her'.

Similarly, Helen said:

I was always the quiet kid who kept to myself because when you've been sexually abused that sort of - you think you're different to everyone else You sort of think for some reason it's going to show on the outside.

Second, some experienced concern for friends' safety, and so were careful not to invite friends home. Fay, for example, said:

He acted weird in front of them and I didn't know whether he was going to do the same thing to them... and I thought, God no, don't let him get at my friends. So I hardly took, I didn't bother taking girls home.

Others felt that, as children, they had no common basis of understanding with peers. Evelyn, for example, said:

You can't communicate with kids because you're so much different to what they are. They're normal, happy, healthy children and you're experiencing adult and you just don't mix at all.

The outcome, in every case, was isolation from peers. In summary, the women's experiences of peer relationships in childhood and adolescence underscored the isolation engendered both by the fear of exposure, of being found out, and by the sense of being so different that there was no common basis for relationship.

Given the important role of peer relationships in child development, it is essential that an assessment of any disturbance in peer relationships form an important part of therapeutic work with sexually abused children. Whilst Bagley and King (1990) suggest the importance of social skills training and modelling for healthy and age-appropriate communication for sexually abused children, it is important in addition to deal with any feelings that may work against the child's inclination to associate with peers. The women in this study reported, in many cases, choosing isolation as preferable to feared humiliation.

For children experiencing disturbed family relationships, or distress in other areas of their lives, positive peer relationships may well play a role in mediating the negative impact of those experiences. This is an area which requires further research.

Most of the women who reported isolation from peers in childhood continued to have few meaningful peer contacts in

adulthood. The potentially enduring nature of poor patterns of peer relating suggests that intervention designed to develop or enhance peer relationships in childhood may well have long term as well as immediate benefits.

The child's overall experience of abuse

Many of the women in this study experienced physical and verbal abuse as well as sexual abuse. Their experiences highlight two major implications of multiple forms of abuse. First, physical and verbal abuse was perpetrated by a wider range of significant others than sexual abuse. Thus, in many cases, those who might have fulfilled a role in supporting and protecting these girls were not available to do so. This added to their overall sense of isolation, and curtailed their ability to engage support to end the sexual abuse.

As adults, the women in this study found it difficult to separate the effects of their sexual abuse from the effects of other traumatic aspects of their upbringing.... Helen... believed that, in the long run, her mother's verbal abuse had been as damaging as her father's sexual abuse. The verbal abuse had eroded her self-esteem

Second, the initial, and longer term, impact of sexual abuse was integrally related to the experience of other forms of abuse. As adults, the women in this study found it difficult to separate the effects of their sexual abuse from the effects of other traumatic aspects of their upbringing. Even so, some reported that the sexual abuse had not been the most traumatic experience of their childhood. Helen, for example, believed that, in the long run, her mother's verbal abuse had been as damaging as her father's sexual abuse. The

verbal abuse had eroded her self-esteem. She said: 'That's what really knocks you'. This finding underscores the importance of ascertaining the child's experience of abuse or neglect rather than focusing exclusively on specific abusive events that may be judged normatively to be more serious.

Conclusion

The adult survivors of childhood sexual abuse who participated in this study provide us with valuable insight into important issues to consider in working with sexually abused children at the time of disclosure. Their experiences of guilt, shame and fear, and their many and varied attempts to escape the sexual abuse all have implications for work with sexually abused children and with adult survivors of childhood sexual abuse. Acknowledging their attempts to escape in the context of immobilising fear, and using this evidence in the process of dispelling guilt; and paying attention to the different experiences of guilt and shame are important.

The study also holds implications for the sexually abused child's relationships with non-abusing others. It is important to recognise the complexity of the child's relationship with his or her mother and to beware that, in not blaming the mothers, the child's experience of betrayal is not inadvertently minimised. Dealing with the child's experience of loss and betrayal is crucial to repair of the mother-child relationship. The accounts of the women in this study highlighted the long term outcome of failure to address the mother-child relationship at the time of disclosure.

Peer relationships also emerged as an important area of intervention with sexually abused children. The study highlighted the profound sense of difference and unworthiness these women experienced as children, and through this, their at least in part self-imposed isolation from other children.

The further isolation resulting from multiple forms of abuse by a wider range of perpetrators is also highlighted. Finally, it is important not to lose sight of the child's overall experience of abuse, and to work within the context of that experience, rather than to assume what the impact of sexual abuse will be.

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