

Areas Affected by Childhood Sexual Abuse

Physical Aspects:

An assault can leave the person's body bruised or maimed. Emergency room records show that boys are more likely to be physically injured than are girls. Tearing of the vaginal or rectal opening is often the result of sexual abuse and children can die from rectal hemorrhaging. Adult survivors have reported that various body parts tickle, burn, grow, shrink or seem as if they are unattached during and after being sexually abused. These sensations are frightening because they are out of the survivor's control.

Survivors can also experience erections, arousal, ejaculations, and pleasure during the abuse in which case they become horrified and confused as a result. Adult survivors can experience impotence (inability to get an erection), pre-mature ejaculation (ejaculating after a short period of time), retarded ejaculation (not being able to ejaculate), vaginismus (tightening of the vaginal opening which results in painful intercourse or inability to engage in intercourse), and the inability to reach orgasm. Some survivors experience stomachaches, headaches, insomnia, and swallowing or gagging problems.

Mental Aspects:

Many survivors of sexual abuse will dissociate while the abuse is taking place in order to cope. Dissociation can be characteristic of "spacing off" or feeling as if you are outside of your body watching yourself go through the day and not really being a part of the situation. Adult survivors can reexperience the event through flashbacks, nightmares, or memories. Dreams are often a good sign because it shows that these memories are beginning to surface and that the victim is becoming more open to dealing with the abuse. While many individuals find dreams disconcerting, or an alarm of sorts, dreams appear to suggest that the mind is ready to deal with the very difficult and problematic issues of the abuse.

Adult survivors can experience panic attacks, irrational fear (fear of abusing one's own children or that they will be abused by someone else), phobias, and hypervigilance (extreme startle reflex). These fears are frequently excessive and likely do not reflect the behavior the individual might actually exhibit. Clearly, the potential of these behaviors occurring should be explored as a

means of ensuring the safety of those in the individual's environment. None the less, they can be frightening for the individual.

They can also be overachievers or perfectionists feeling that worth can only be attained through achievement. They may also be underachievers afraid of success who have feelings of incompetence and or many times unemployed. Adult survivors imagine that everyone knows what happened to them or if they found out they would be disgusted by their history. Adult survivors can also have amnesia where they are not able to remember chunks of their childhood.

Emotional Aspects:

Adult survivors often find it hard to trust themselves or others for not stopping the abuse or protecting them. They are continuously questioning other's motives or fearing that everyone is out to somehow take advantage of them. Adult survivors feel lonely and socially isolated finding it difficult to sustain intimacy in relationships. They find it hard to believe they are being loved for themselves and continually doubt the sincerity of the relationship.

Adult survivors often come to equate "sex" with the meeting of emotional needs. Sex is often not viewed as separate and distinct from emotional needs, but is viewed as intertwined. The ability to have a satisfying relationship apart from sexual activity is often hard to conceptualize.

Adult survivors of sexual abuse are constantly afraid of someone discovering their "secret" and being blamed or punished. They experience overwhelming guilt (believing they have done something wrong) and shame of feeling worthless, inadequate, damaged, and used. They also experience sudden anger outbursts with their anger targeted at their offender, the person(s) who did not protect him from the abuse, and himself. Males typically experience anger control problems whereas females suffer more from depression.

Behavioral Aspects:

As mentioned in the emotional aspects, depression is a common symptom of adult survivors of sexual abuse. Often their depression leads to self-mutilating behaviors, suicidal thoughts, and suicidal attempts. They may develop eating disorders such as bulimia and anorexia where they deprive their bodies of food, or eat and then force themselves to throw the food back up. This is often

because they are ashamed of their body and feel their body is repulsive. Other adult survivors compulsively eat as a result of their abuse and turn to food for comfort.

Some defense mechanisms used by adult survivors of sexual abuse include lying, stealing, gambling, and workaholicism. Others runaway, participate in gang or cult activity, or turn to drugs and alcohol to help medicate their emotions and temporarily forget their pain. Often times survivors of sexual abuse find themselves in abusive relationships as adults whether it be emotionally, physically, or sexually. They have grown up being mistreated so abusive relationships seem normal to them. They assume violence and abuse are normal elements of a relationship.

Many adult survivors of sexual abuse may have learned that they can get what they want through sex. Sex may become an outlet for their pain and anger and they may become hypersexual or sexually compulsive. They may use sexual promiscuity to prove to themselves that their sexuality is their own. Other adult survivors are quite the opposite in that they feel uncomfortable having sex because they came to believe that sex is bad and may feel dirty for feeling sexual. Some adult survivors of sexual abuse become abusers and perpetrators as adults and may have sexual attractions and impulses toward children.

The Recovery Process

Choose a therapist that you feel comfortable with. Become involved in education, treatment, and support groups.

Allow yourself to go through the grief process and know that it is a normal part of recovery.

You may be able to tell others about your abuse and confront your offender(s).

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health or mental health care provider.

*Everyone experiences difficulties in life.
We have been helping people find solutions since 1988.*

HOW DO YOU KNOW IF YOU WOULD BENEFIT FROM COUNSELING?

These conditions or situations are widely experienced and may indicate the need for professional counseling:

- Depression, discouragement
- Lack of motivation, apathy
- Anger, bitterness, resentment
- General dissatisfaction with life or relationships
- Difficulties in handling life events
- Marriage and family conflicts
- Sexual dysfunction
- Difficulties in decision making
- Physical ailments for which no medical cause can be found, such as headaches and lower back pain. (Medical consultation may be required in conjunction with therapy.)
- Difficulty in building and maintaining satisfying relationships
- Job stress, inability to keep jobs
- Inability to deal with a child's misbehavior or school problems
- Compulsive behaviors (eating disorders, spending, sexual issues)
- Issues related to low self-esteem or lack of self-worth
- Excessive dependence upon the approval or validation of others

CRAIG LOUNSBROUGH, M.Div., LPC
LICENSED PROFESSIONAL COUNSELOR
19284 Cottonwood Drive, Suite 202
Parker, Colorado 80138
(303) 593-0575
craig@drtrathen.com
www.craiglpc.com

*Many People,
Every Journey,
One Mission*

CHILDHOOD SEXUAL ABUSE



*Resources and Information
For
Childhood
Sexual Abuse*