

Effects of Childhood Victimization and Sexual Abuse

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Trauma stemming from childhood abuse or neglect is essentially an experience of fear, diminished self esteem, anxiety and profound powerlessness. Subsequently, power abuse and sexual acting out are attempts to recover esteem and power and are derived from a distrustful world in which there is never enough security.

Victims of child sexual abuse feel damaged to the core. They experience the profound sense of shame that drives compulsive behaviour in a wide range of addictions. Many adult survivors of sexual abuse marry perpetrators or engage in compulsive behaviours. Victims experience tremendous problems in daily life, as their survival strategies deprive them of joy and spontaneity

The immediate effects of child molestation and incest are profound. Victims frequently develop sleep problems, including sleepwalking, night terrors and bedwetting, as their immature minds struggle with the meaning of sexual contact with an adult. They may develop intense fears reflected in phobias (intruders, animals, heights, school, etc.) and avoidant behaviours (withdrawal, avoidance of adult strangers). Frequently, the development of victims is arrested at the age period of the abuse incidents.

When the victim is scared, he or she may turn to a parent or another adult for support and understanding. Yet, seeking help may lead to subsequent abuse, either through ongoing sexual trauma or failure to believe the accusations of the child. If the young victim is able to talk openly about the offense, he or she may be subjected to a series of frightening or humiliating interviews, evaluations and other interventions by adult authority figures. Often, the victim feels responsible for the upset and chaos arising from the reporting of abuse. Some perpetrators manipulate victims by threatening the child that he or she will be responsible for the separation of the family, the perpetrator going to jail, etc. Thus, many victims decide to retract their reports out of fear, intimidation, and the burden of responsibility for taking care of the troubled family.

The child victim sometimes feels so bad, dirty or shameful that self-abusive or risky behaviours become a lifestyle. Other victims over-compensate for the internal sense of unworthiness by compulsive bathing or hand washing, exaggerated modesty and non-acceptance of bodily functions. Some children question their personal identity and may become highly suspicious, distrustful, paranoid, or even psychotic. There are difficulties at home, at school and in the community as the child or adolescent feels like an outsider, alienated from self and society.

Child sexual abuse is frequently associated with poor sexual adjustment over an entire life span. The child who is introduced to sex by an adult may experience a preoccupation with sexual matters. There may be pseudo-mature behaviour as the youngster is rushed into adolescent feelings and issues by premature sexual contact. Many victims engage in early or excessive masturbation and sexual play with peers. As the child ages, patterns of sexual addiction may emerge, or the victim may even become a molester of younger children in the family or neighbourhood. Other possible consequences include sexual identity confusion, sexual delinquency or promiscuity, prostitution, and teenage pregnancy.

Childhood sexual abuse is frequently implicated in the histories of adolescent runaways, rape victims and battered women. Survivors of incest and child molestation are vulnerable to victimization throughout their lives because they feel so broken and worthless that they accept whatever abuse is perpetrated. Given



their early life experiences, they may view abuse as ‘normal’. Feeling guilty and shameful because their victimizers have not accepted any responsibility for their offenses, the child is essentially left alone to struggle with the secret of their incest or abuse experience.

As the victim grows up, he or she may experience depression, social maladjustment, or nervous symptoms such as nail-biting or tics. Often, there is a pervasive sense of hopelessness and helplessness that interferes with assertion and autonomy. This condition is called the “victim stance”. Alcohol or drugs may be used to numb the pain associated with “flashbacks” or intrusive recall of abuse incidents. Substance abuse also bolsters a fragile ego forged by chronic low self-esteem.

Many adult survivors cannot enjoy a sexual relationship with their spouse or chosen partner. They present a wide range of sexual dysfunctions from lack of sexual desire to inability to experience healthy intimate relationships. Some victims can be ‘turned on’ only by masochistic or abusive relationships. Others develop aversion even to close physical contact with loved ones. Acting out with non-intimate partners or even sexually abusing one’s own children may occur as sexual addiction emerges and the victim becomes a perpetrator, repeating the cycle of sexual abuse.



The bulk of treatment for victims of sexual abuse occurs in the clinical setting, either shortly after the abuse has occurred or, sometimes, many months or years later when the victim comes forward for treatment after a recent stress or event has caused the victim to focus again on sexual events from the past. Therapy in the clinical setting should be carried out by individuals specially trained in this area. Prior to treatment, it is important to determine whether the effect of abuse has been internalized as either an avoidance response or as distorted cognitive beliefs.

The victim should be prepared for the likelihood that initially there will be discomfort in facing memories of abuse. The primary goals of therapy include building self-esteem, alleviating guilt, building trust, dealing with anger, changing interpersonal relationships, and taking control of one’s life – self empowerment.

Sexual abuse of any kind is an absence of consent by the victim and the misuse of power by the perpetrator in order to accomplish the abuse. The victim needs to understand their powerlessness during the abuse to avoid self blame and self-punitive behaviour for the abuse. Work on self-empowerment and self esteem is an ongoing challenge for victims of sexual abuse. For survivors to feel and have a sense of safety and stability, they must learn how to set emotional boundaries, how to manage negative feelings, and to even create imaginary “safe places” should they be prone to experiencing flashbacks.