

A Brief Synopsis of Child Sexual Abuse from Onset to Adult Life

Sexual abuse often involves a manipulative process that entraps the child in a secret relationship designed only to provide for the sexual gratification of the perpetrator. The manipulation begins with the forming of a relationship that over time becomes more sexualized through either suggestion, exposure to sexual material and/or increased displays of affection leading to greater amounts of touching. With time the sexual nature of the grooming events become more overt and direct forms of exposure, voyeurism and/or sexual/genital contact occurs. Sexual contact may include digital-genital, oral-genital, genital-genital and even object-genital. Subtle or even not so subtle demands for secrecy increase. The demands for secrecy may include implied or direct threats, intimating that harm may or will come to the child, perpetrator or another family member. The threat may also include the loss of family members or family structures as in the situation of intervention requiring the removal of either victim or perpetrator.

Given that the grooming and manipulation often occurs subtly over time, and with a trusted figure, the child finds him or herself stuck in a situation without comprehending how they got there. They feel complicit in the now clearly abusive events and fearful for not only the threats that have been imposed, but that they will be blamed and held responsible too. Once this stage in the abusive relationship has occurred, the perpetrator has not only physically ensnared the child, but psychologically too. However, children in such situations continue to feel emotionally conflicted and as this emotional conflict escalates disruption in normative behaviour is observed. Seeking to avoid the emotional conflict, yet unable to disclose the abuse for any numerous fears of harm, blame or retribution, the child may act out their distress. This may be observed as poor school performance, truancy, conduct disorders, physical disorders with limited physiological basis (headaches, stomachaches, etc.) and other disorders such as attention deficit, depression, anxiety and disorders of eating. The outcome of sexual abuse is therefore often a deterioration of individual psycho-social functioning. In later adult life this often presents as inappropriate boundaries in interpersonal relationships, which may cause the person to withdraw from intimate relationship or alternately engage indiscriminately in intimate relationships or paradoxically, both. Further now as adult, the victim may suffer from depression, anxiety, obsessive-compulsive disorders and personality disorders. Depending on the degree of severity, any of these

disorders can impair functioning to the point of undermining interpersonal relationships and any role performance such as parent, spouse, worker, etc. The cascade effect is a deterioration in physical and mental health as well as social relationships and vocational performance.

In 1998, The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) studied investigations by child welfare service providers. Their study found that in 44% of substantiated sexual abuse cases the perpetrator was a non-parent family member whereas in 8% of cases the perpetrator was the biological father and in another 8%, the perpetrator was the stepfather. US data from the Third National Incidence Study of Child Abuse and Neglect (NIS-3) in 1993 suggests that 3.2 children per 1000 are sexually abused but admits this is likely an underestimate of the numbers. Further though, no differences were found on the basis of race or social class. Sexual abuse cuts across race and economic status.

To say that sexual abuse is a crime is an understatement. Rather it is an insidious process that seriously undermines the psychological, emotional and social well-being of the abused. The impact can have immediate and lifelong consequences on the abused.

Persons who have been sexually abused can be helped to recover and reverse deleterious effects. Regardless of age, recovery begins with the belief in the disclosure, immediate provision of safety from the perpetrator and then counseling with a trained professional.

In the absence of disclosure, but the presence of disruptive behaviour, psychiatric disturbance, poor social performance or difficulties in interpersonal behaviour, it is reasonable to explore and determine if sexual abuse is a contributing factor. Many persons who present with such problems may be quite unaware of the connection between sexual abuse and problematic functioning.

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