

THE DISRUPTION OF NORMAL PSYCHOLOGICAL  
DEVELOPMENT IN THE SEXUALLY ABUSED CHILD AND  
ADOLESCENT

INTRODUCTION

It gives me great pleasure to with you here tonight. I would like to thank the leadership of SNAP for inviting me to share part of this evening with you. We are all here because of this organization that has done such incredible work supporting victims and survivors of clerical sexual abuse and has helped to keep this issue before the public eye.

What I bring to you this evening as a physician and psychiatrist is expertise and experience, a history of treating thousands of people over my long professional career, a majority of them physically and sexually abused, all of them in deep pain.

Initially no one comes into my office telling me how good their life is.

Tonight I want to talk with you about the normal psychological development of children and adolescents and the disruption that occurs with abuse, especially sexual abuse. First I would like to put all of us in the role of a basic scientist for just five minutes and share with you some of the amazing neurobiological discoveries that are taking place.

Psychology, psychiatry and the neurosciences are in a state of dynamic discovery. Our understanding of human nature and human development is constantly being refined. Recent studies have shown the anatomy of the brain actually changes in response to abuse and trauma. We call this ability neuroplasticity. We can identify which part of the brain is responsible for different sensations and emotions.

In addition we know that the hormones released when a person is faced with stress and trauma effect every cell of our body.

(American Journal of Psychiatry June, 2013)

“A Cortical area of the brain that processes genital sensation was thinner in women reporting childhood sexual abuse than in women without childhood abuse. It was also discovered that emotional childhood abuse was linked to thinning in regions involving self-awareness and self-evaluation. These abuse specific differences suggest adaptation that may shield the child from abuse experiences but underlie later behavioral problems. Further, that response to childhood sexual abuse can be life-threatening and multigenerational.”

These are the kind of discoveries that are helping us change our ideas about how the brain works, about how we work.

There is no more soul versus body. We are each a unique individual being, constantly integrating memories, experiences, sensations and emotions in an ongoing effort to maintain our psychological stability in the present.

Scientists need to understand the role of several key elements leading to these neurobiological changes—the relative contributions of the severity, timing, and nature of a stressor in the context of genetic endowment. Each of us is unique.

Equally important for future research is the role of resilience and its neurobiological underpinning. Why are some people better able to handle traumatic situations? What is the pathway from sexual abuse to later psychopathology? The more clearly we can delineate a biological pathway from the traumatic environment to psychopathology the more likely it is that interventions will be developed. We already know that

with sexual abuse victims and Post Traumatic Stress Disorder, early intervention is extremely important.

We can move away from the basic science mentality and more toward the psychological area. This will comprise the main part of this presentation. The work of Erik Erikson can provide us with a framework in which to understand the long lasting devastating effects of sexual abuse on the personality development of a young person. We will now look at the stages of development to be expected in childhood and adolescence. Each age and every stage of a child's development poses specific tasks and personal development goals that need to be met in order to attain healthy physical, intellectual, and psychological growth.

Infants need food, sleep, bodily contact and comfort to thrive and grow. Little by little they explore their own bodies and the

world around them, with curiosity and the beginning of play. Parents and caregivers provide the basic necessities and give the baby their first experience of love, trust, and a safe environment. In this atmosphere, physical, intellectual and psychological growth can take place unimpeded. Neglect of an infant is manifested in failure to thrive, even death. Bonding issues with primary caretakers can show up later as well as difficulty with emotional regulation. This was clearly demonstrated in the adoption of young children from orphanages in the former Soviet Union. Some of these children had been severely neglected, and had serious problems bonding with their adoptive parents. When overt physical or sexual abuse occurs in the preverbal stage, physical signs can be the only manifestation.

As the infant grows and becomes a young child, the importance of play expands. The brain is growing rapidly and the child

continues to develop a sense of trust in the world. The sexual abuse of a young child shakes and shatters their sense of safety and basic trust. No child is psychologically prepared to cope with premature sexual overstimulation and excitement perpetrated by an older person. A very young child cannot know the meaning of sexual activity or perceive it in terms of right or wrong. They simply do not have the psychic or intellectual ability to integrate the experiences in a coherent way or cope with the effects of sexual over stimulation. They are often confused about the abuse and there is no one they feel they can tell. The energy the child needs to address their continuing exploration of themselves, relationships and the world gets tied up in a pathological situation. The groundwork of trust is shattered. In later life, the difference between a safe and unsafe environment is unclear and can lead to more abuse with catastrophic consequences.

As children approach school age, their developmental tasks include a process of separating from their parents and adjusting to new authority figures and peer groups. School should provide an extension of the safe home environment. Children begin to have a world of their own. Through the pre-adolescent years, children continue to play, learn to relate to their peers, make friends, learn skills and continue to grow physically, intellectually and psychologically. The child of around five and older who is sexually abused becomes trapped between affection or loyalty and the sense that sexual activities are not right, and they may have done something wrong. The child may feel they somehow caused the abuse and will be in more trouble should they disclose it. This engenders shame a painful feeling for the child. The perpetrator may have threatened the child and the child in turn may not want to cause problems for the perpetrator. Finally the child may see the abuse as normal in their disordered home. The child's



natural sense of playfulness, trust, and freedom is replaced with the burden of fear and guilt. These feelings sap emotional strength, inhibiting the intellectual and psychological growth that should be taking place. The development of a healthy self-esteem is impaired, and the gratification of self-mastery is denied. Trust and self esteem are essential to successful healthy adult relationships.

Early and late adolescence pose important life challenges for young boys and girls. The five developmental tasks of adolescence are stressful. 1) maintaining a movement toward independence 2) solidification of a capacity for meaningful relationships 3) clarification of a sense of sexual identity 4) exploration of interests and capabilities 5) internalization of moral values and self-direction

I will further elucidate on these tasks.

#1 Adolescents need to master the anxiety of moving from dependence on their parents to an eventual independent state. They need healthy peers to support them, so they can grow. A predatory relationship tends to be possessive and exclusive and therefore fosters dependence, retarding development. Abuse deprives the young person of healthy peer relationships and activities, the environment needed for healthy independent growth and self reliance.

#2 Solidification of a capacity for meaningful relationships.

Adolescents can form very close bonds and their friends become an integral part of their development. Boys and girls learn to relate to each other and make best friends. They learn the give and take needed to foster friendships. The sexually abused adolescent is out of sync with peers because they cannot share their sexual experiences. The abuse is always

exploitation and it is always secret. This acts to increase their confusion and anxiety.

#3 Clarification of a sense of sexual identity. The sense of sexual identity is a source of anxiety for adolescents. In early adolescence, they feel awkward and generally focus on the self and their bodies. Hormones effect emotions and the development of secondary sexual characteristics . There is an increase in interest toward the opposite sex or the same sex with concerns about sexual orientation. Concerns and doubts about physical and sexual attractiveness and worries about being normal are uppermost in all their activities. Feelings of passion and love erupt. Sexual experimentation is the norm. There is a need for peers to learn and experiment together in the sexual arena and learn to relate to each other in light of these new feelings. One's sense of sexual identity gradually becomes firmer and there is an increased capacity for tender

and sensual love. The experience of a first love often happens, and for most people this is never forgotten, the emotion is so strong. Sexual activity with an older sexually experienced person is exploitation. It deprives the young person of the gradual sexual initiation that is normal. When the abuser is the same sex as the victim natural fears concerning sexual orientation are exaggerated. If the victim is the opposite sex equally inhibiting feelings that impede growth are imposed. Secrecy is always part of the burdensome guilt-ridden pact inflicted by abuse and can leave sexual identity muddled and confused.

# 4 Exploration of interests and capability. Late adolescence should provide a young person with the chance to develop a greater capacity for setting goals. Work habits become more defined, freedom to consider vocational options can be enjoyed, possible future life roles and partners become more

real, important and possible. Organized thought about how to attain these goals is seriously impeded by sexual assault and effects negatively educational opportunities and earning potential!

#5 Internalization of moral values and self-direction. Late adolescence and early adulthood should intensify interest in moral reasoning, the capacity to use insight and form sound judgments. There is increased emphasis on personal dignity and self esteem and an understanding tolerance for delayed gratification. Intellectual capacity and problem solving abilities continue to develop and lead toward maturity. The examination of inner experiences and a growing ability to think ideas through supports the process. The increased capacity for abstract thought, a development of ideals, and selection of role models are vital for responsible adulthood.

Mastering the stages of growth and developmental tasks of childhood and adolescence are consequential for a successful life, and require a considerable amount of psychic energy. This is the path to healthy maturity. Sexual abuse ties up and consumes this energy interfering with psychological, emotional and intellectual development. Sexual abuse is always damaging to the young person. It is an abuse of power and inevitably is for the gratification of the abuser. When the abuser is a trusted religious figure, the damage is compounded. THE MORE TRUSTED THE ABUSER, THE MORE DAMAGING IS THE ABUSE.

In adulthood, reasoning, judgment, abstract thinking and ability to integrate past experiences reaches its epitome. We are continually reshaping our past life experiences and memories in order to integrate them with our present experience. That is why it takes so long for the victim to truly

understand what has happened and to understand the results of the abuse, which can be sad and long. Some of the consequences include sexual disorders, drug and alcohol abuse, anxiety reactions, depression, isolation, violence, troubled relationships with spouse and children and difficulties in the workplace. In some cases there is the ultimate tragedy of suicide.

The medical profession has come to appreciate the multiple physical ailments associated with abuse, a number are chronic and nonlife threatening but certainly disabling and potentially psychosomatic in nature. These include fibromyalgia, chronic headaches, irritable bowel syndrome and a range of reproductive and sexual health complaints. Obesity and eating disorders are more common in women who have a history of sexual abuse. Adults with a history of child sexual abuse are 30% more likely than their peers to have serious medical

conditions such as diabetes, hypertension and heart problems. Male sexual abuse survivors have twice the HIV infection rate of non-abused males. In a study of HIV infected 12 to 24 year olds, 41% reported a sexual abuse history. In my own clinical work I found 75% to have a sexual abuse history. This is a major public health problem. Because the effects of sexual abuse are so destructive, society has an obligation to protect children from predators and identify the victims as soon as possible so that treatment can be initiated.

To all of you who have come forward with your stories of abuse and survival, you have empowered more victims to come forward and publicly tell their stories. For each person who comes forward, many more will remain silent. With luck and support some will find healing in other ways or in a more private setting.



I will end with a statement I made two years ago at this meeting. “Children are afraid of the dark, the Church is afraid of the light” You, my friends, are bringing comforting light to children and the light of truth and accountability to the Church.

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