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Sexual abuse as a menace to rehabilitation of the intellectually disabled

Child sexual abuse encompasses a wide range of behaviours, ranging from fondling, genital exposure, to oral sex and sexual intercourse. Children are not capable of expressing conscious consent, and hence every sexual activity involving a child and an adult is a form of sexual abuse, even without exercising physical force. To get the child's consent the perpetrator commonly resorts to manipulation, deception or threat.

Children usually acquiesce to authority, are vulnerable to deception and manipulation, not least when it comes from a trusted adult (Nevid et. al 2003). Much as they are impressionable, the intellectually disabled children are even more susceptible to manipulation, deceit and threats.

Interestingly, most sexual offenders are to be found among men; many of whom were sexually abused in childhood. Also, most offenders are in some way close to the child, e.g. as a friend of the family, a neighbour. Acts of incest are typically perpetrated by a father, a step-father, or an uncle. There are also occurrences of incest involving siblings (Sgroi 1987). These used to be endorsed in some cultures, e.g. in Ancient Egypt. Only sparse data on this type of relations are available. As some researchers (Sgroi op. cit.) observe the incestuous activities between siblings may elude attention since they entail lesser distress than child-parent sexual contacts. Brother-sister sexual relationship wreaks least distress as compared with all other types of sexual abuse (op. cit.). Incestuous relationship between siblings may have various causes. It may stem from interest in sexual life or a need for excessive sexual experimenting.

It may also result from a personality disorder, a dysfunctional family system, or an adoption of erroneous role in the family. Occasionally such acts may even be prompted by parents. In some instances sibling incest takes on a form of perpetrator-victim relation. Any of the parties involved may embark on a sexual activity in reaction to unfulfilled needs of affiliation and affection, a feeling of loneliness, isolation, depression, anxiety or tension.

At times one of the siblings is an aggressor taking advantage of the weaker one, in order to satisfy the need of power, command and control (op.cit.).

Parent-child sexual relationship has a particularly dramatic course. Sexual abuse in childhood results in a post-traumatic distress syndrome (Goodwin, after Spencer, Pynoos 1985). Consequential as it is, child sexual abuse reverberates through the entire family, affecting not only the child and the perpetrator but also other family members (otherwise involved in allowing access to the child, or the witnesses). Sexual abuse is not a single, isolated episode but rather a series of thousand difficult situations, a lack of empathy and protection, hypocrisy. Situation is traumatic as the perpetrator could have expressed death threats towards the child or his relatives, or could have exercised physical force. Hence the child longs for the acceptance and support figure.

Incestuous family may function as any other dysfunctional family grappling with problems such as alcohol abuse or domestic violence, transmitting various messages based on denial, duplicity, deceit, role confusion, violence and social isolation. Children in such families are instructed:

1. not to show any feelings, not least rage
2. to exercise self-control, never ask for help
3. to deny what is happening, not to trust their own senses or perception
4. not to trust anyone
5. never to reveal a secret as no-one will believe them, anyway
6. to take fault upon themselves, to be ashamed (Courtois, after James, Gilliland 2004).

As a result of traumatic sexual abuse occurrence children may experience anxiety, repeated flashbacks, sleep disorders, strong sense of guilt, regression, or alleviate their anger in a socially unacceptable way. Post-traumatic distress syndrome may be observed. The symptoms displayed by children may be likened to those of adult women rape-victims, except that the former symptoms are more durable and consequential (Goodwin op. cit.).

The research by Spatoro et al. (2004) conducted on 1612 persons who experienced sexual abuse as a child, show that sexual abuse correlates with behavioral disorders during childhood, whereas in adulthood it leads to mood disorders, anxiety (in men), of affective disorder, anxiety, personality disorder (in women). In both groups certain organic disorders were observable (Spatoro et al.).

Post-traumatic distress and disorder symptoms can be observed in majority of victims of sexual abuse, from early pre-school age to mature adulthood (Goodwin op. cit.). These afflictions are particularly agonizing as sexual abuse implicates the conspiracy of silence (Kubacka-Jasiecka 2004). It may be assumed that by concealing the occurrence, the trauma is

ever-more consequential, the perpetrator does not receive punishment and may continue to harass the child, while often managing to maintain the façade of “a happy family”. On the other hand the disclosure of the secret may incite in a child a profound feeling of shame and uprooting, when a number of people encroach the most intimate sphere of his life. The disclosure of the secret of sexual abuse instigates major family crisis (Herman, Hirschman 1981). Usually, the truth is revealed in the cases when the child-adult relationship is of longer duration and constitutes an integral element of family life. Such a disclosure damages tenuous family balance, increases the risk of violence and self-destructive tendencies (Herman, Hirschman op. cit.). The results of the crisis hinge on the quality of mother-child relationship. Many women have ambiguous attitude towards their motherhood, and even in best circumstances bring up their children only because the society could chastise them in the event of relinquishing their maternal functioning. This is particularly pertinent to the mothers of disabled children. It should also be remembered that poor affective relationship with the mother is a salient predictor of child sexual abuse. A strong emotional bond with the mother prevents any sexual contact between the child and adults as the child trusts her mother and confides in her whenever a problem occurs. Besides, this mother-child relationship serves as the basis for the child’s recuperative therapy course.

The ill effects of sexual abuse can range from short- to long-term.

The impact of sexual abuse

Sexual abuse brings about emotional disorders. One of them pertains to the feeling of guilt, which is more observable among the victims of long-lasting abuse over many years, as it revolves around consent to sexual contacts, whether as a result of coercion or manipulation, but a consent nonetheless. This feeling of guilt is related to the fact that some children draw pleasure from sexual contact (be it physical or psychological) during which they are showered with affection, enjoy attention and interest on the part of the adult figure. Predominantly, the feeling of guilt amounts to feeling responsible for the wickedness that occurred (Haugaard, Rappucci 1988). Other emotions concur with the feeling of guilt. Rage or depression feature predominantly in this respect. Usually, the rage is very deep and channeled not only towards the perpetrator but to other family members as well as social institutions. Sexually abused girls may display strong anxiety and the feeling of helplessness as a reaction to being unable to avert the intrusion on their body. They also experience a feeling of a loss – of their own “innocence”, normalcy, family (when expelled from family) (Haugaard, Rappucci op. cit.).

Another direct result of sexual abuse is that of enhanced sexual activity of children, provocative behaviour towards adults. A large number of the children embark on sexual acting-out thus relieving their own conflicts through sexual activity.

There are also aggressive behaviours – particularly among boys – such as instigating fights, overt disobedience, tormenting younger children. Suicidal and self-destructive thoughts are more prevalent among children who were victims of sexual abuse (Haugaard, Rappucci op. cit.).

Long-term effects

Sexual abuse experienced in childhood has a strong impact on the perception of one's physicality, which is mental representation of one's own body. Development of one's own body perception is an ongoing process, changing over the course of life. The impact of sexual abuse in this respect depends on the victim's age, gender, and the characteristic traits of the perpetrator (Fallon, Ackard 2002). Sexual abuse in childhood or adolescence renders impossible a consistent perception of one's body. Persons affected by such a traumatic experience are characterized by a disturbed perception of their own physicality and display hatred to those parts of the body that were directly involved in the forced sexual contact. Hatred may extend to encompass the entire body, be accompanied by the feeling of shame regarding the body as well as regarding the traumatic experience. Cognitive scheme becomes distorted. For example, a victim who has a regular weight may have an impression that her body is fat and heavy, that she is less sexually appealing. This in turn may entail eating disorders (Fallon, Ackard 2002), not least bulimia.

Sexual abuse in early stage of life is of great consequence for sexual life. When grown up such persons may harbour a conviction that their needs are insignificant whereas their body exists solely to satisfy the needs of other people. The emerging tendencies may be twofold: to avoid sexual life altogether or to live a debauched sexual life (Fallon, Ackard op. cit.). The women are observed to change their sexual partners more frequently and embark on short-term relationships (O'Augelli, Patterson 2001).

Significantly, a large percentage of sexually abused children grow up to embrace homosexuality (Haugaard, Rappucci op. cit.). For example the research on 942 adult subjects showed that 46% homosexual males and 22% homosexual women experienced sexual abuse in childhood, as compared to 7% of heterosexual men and 1% women (Tomeo et al. 2001).

What frequently surfaces is ego-dystonic sexual orientation, i.e. the inability to accept one's sexual orientation. Salient factor in this respect is gender. In consequence of sexual abuse girls experience repulsion towards sexual contacts with men, whereas sexually abused boys tend to display interest in their own sex.

Child sexual abuse is among factors of serious personality disorders, in particular of *borderline* or multifarious type (Kernberg 1995). There is also a correlation between sexual abuse experienced in childhood and the self-destructive behaviour later in life. As the research findings show, by being one of the most traumatic childhood experiences, sexual abuse significantly increases the risk of suicide attempt occurrence over the course of entire life (Dube et al. 2001). Strongly related to these experiences alcohol dependency, depression and drug abuse constitute linking factors.

It is also overrepresented among adults with mood and eating disorders. It is connected with low self-esteem and augmented susceptibility in social relations (Gladstone et al. 1994).

Sexual abuse in the context of rehabilitation process

Sexual abuse in childhood offsets numerous devastating effects, direct as well as long-term, leaving its indelible mark on the entire life of the individual, colliding with the revalidation process in the case of children with disability. Difficult as it is, the rehabilitation process of the disabled child poses many problems for the parents. It is critical that the parents accept the child as he or she is, and put in all possible endeavour to enable the child's optimal adaptation to the conditions of live and environment. Sexual abuse and the ensuing emotional and behavioural aftermath seriously impair contact with the child. It is difficult to encourage the child's cooperation in the rehabilitation process due to child's aggression, feelings of guilt and shame, anxiety, distorted perception of physicality, propensity for isolation. The child does not trust adults as they have abused his trust. Child sexual abuse in the family is concurrent with a serious family crisis, which further detracts recuperative processes. Emotional bond with the mother is typically weakened. Combination of these factors stands to show that sexual abuse seriously hampers the entire rehabilitation process.

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