



Child Sexual Abuse: Fracturing Family Life

Research has already shown that childhood sexual abuse can have damaging long-term effects on family life and relationships. Some effects have been widely recognised, such as feelings of betrayal and confusion when fathers abuse, or bitterness at mothers who cannot protect. A new qualitative research study with a group of women survivors in Edinburgh, recruited because of their contact with mental health services, has found wide-ranging and subtle effects on family life that endure over the lifecourse and long after the abuse has ended. The findings suggest the value of further research on these topics with both men and women abused in childhood, and provide insight for a variety of professionals working with women and families.

Key Points

The women in this study described a range of long-term difficulties that affect their family life and relationships.

- Parenting presented particular challenges including postnatal depression, emotional numbing or over-protectiveness towards children
- Relationships were badly affected including difficulties with mothers and siblings. Some women had resolved these problems, and described this as supportive and rewarding
- Some described unresolved grief about loss of childhood, abortions or miscarriages, and the death of their abuser
- Recourse by some women survivors to drink or drugs placed strain on relationships with their children and partners
- Many women's sense of identity and self-esteem were affected by memory loss and confusion about what had happened to them
- Often women described problems with adult relationships, although supportive partners could be very helpful in overcoming difficulties and in managing family life

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Introduction

This report is based on interviews with 22 female survivors of child sexual abuse who were using a variety of statutory and voluntary mental health services. For 20 of the 22 women interviewed, their primary abuser had been a family member. These women reviewed their childhood and adult lives in detail, as a result of which several themes repeatedly emerged in relation to family relationships.

Mental health issues

The damaging long-term psychological effects of childhood sexual abuse have been widely documented in the research literature (e.g. Bagley 1995, Dent-Brown 1993, Wyatt & Powell 1988). Mental health problems in themselves cause stress and sometimes disruption to family life, straining relationships among survivors, their partners, children and extended family. Whilst we cannot generalise from service users in this research study about the frequency of various mental health problems among sexually-abused people (many survivors never make contact with such services), the findings suggest that a wide range of mental health problems may follow childhood trauma. In the study these problems included clinical depression, eating disorders, postnatal depression, suicidal feelings and suicide attempts, self-mutilation, substance misuse, phobias, panic and anxiety attacks, mood swings and auditory hallucinations (hearing abuser's voice).

Fertility and reproduction issues

During the course of their lives the majority of women in the study had experienced abortions, miscarriages or infertility and many felt grief and guilt, especially about multiple abortions resulting from the assaults or from subsequent abusive relationships. Their experience also raises wider issues about the implications for family life of increased miscarriage and infertility risks among female survivors through sexually-transmitted diseases, abortions or other effects of childhood assault (Nelson 2002, Smith 1993). Many women expressed feeling of being to blame, despite the serious assaults perpetrated against them.

Unresolved grief following the death of the abuser

Death of the abuser often brings survivors great relief and freedom, but it may leave painful confusion and unresolved issues for many years, especially if the abuser denied it ever happened, if they had loved the abuser and felt especially betrayed, or if events had never been openly confronted in the family. For instance, one interviewee described how her father's sudden death prevented her ever being able to ask him why he had severely abused her, and she felt that this was a major factor in her later mental breakdown at university. Another described how she and a second girl victim, who later killed herself, broke down distraught at her abusive grandfather's funeral. Neither understood why, since they both hated him.

Family relationship problems

Mothers

Lasting pain and loss over relationships with mothers did not only occur when survivors' mothers had actively mistreated them. Some survivors described having "lost" their own childhood when the normal caring process was reversed. They had to care for their mothers and protect them from their fathers, experiencing impossible emotional demands. For example, in three cases mothers had threatened suicide. Other women still felt much grief at being unable to protect a much-loved, vulnerable mother from the abuser's brutality. Others again were tormented at why their mothers failed to protect them, because they had such a good relationship:

"But my mum was always there, we were so, so much in tune - how could I be so close to my mum, and her not know this was going on?"

Siblings

In the study, most women with siblings described problematic relationships, or were estranged from them. This brought sadness, loss and isolation. There was a range of reasons: a) abusers fostered rivalry among the children with "divide and rule" tactics; b) those who had revealed shocking family secrets incurred resentment, fear and denial and risked total family breakdown; c) survivors felt huge guilt at being unable to protect younger sisters and brothers; d) abuse caused post-traumatic symptoms among siblings, making relationships more difficult. Some survivors had rewardingly repaired relationships and found solidarity with their siblings in adulthood, but, from their interviews, it was evident this demanded much effort and commitment.

Loss of own childhood

The sense that childhood itself, its innocence, trust and optimism, has been lost is common among adult survivors of abuse. Herman (1992) notes that "survivors of chronic childhood trauma face the task of grieving not only for what was lost but also for what was never theirs to lose. The childhood that was stolen from them is irreplaceable" One woman in the study movingly expressed her feelings:

"You know, I have grieved for many years about the way I grew up so young. It caused me to be crazy for ten years. In and out of hospital, banging my head, cutting myself and stuff. I tried in a sense to go back and recapture it, and get affection from other people...but it has just left me with a great sadness."

Parenting difficulties

There were 14 mothers in the study and their wish to give their children better lives and more affection than they themselves had experienced came across strongly. However they also gave examples of various problems they continue to face connected with legacies of sexual abuse. Many wanted more understanding of abuse

trauma, and more support to survivors from professionals, to help them become better parents. Six out of fourteen mothers in the study had been diagnosed with postnatal depression. Most of the mothers in this study also described how pregnancy and childbirth processes could trigger frightening memories of assault, or fears for the safety of their child from similar abuse.

Some women described having to numb overwhelming emotions in order to survive childhood abuse and spoke of how difficult and frightening they found it to express warm feelings openly towards their own children. A majority had bouts of clinical depression which often involved taking to their bed, and proved hard for children and partners to understand. Among some survivors of sexual abuse trauma, retreating in this way for weeks at a time has proved valuable to recuperation and recovery. However, like many women in our society who are carers for their families and homes, alternative carers to take over these responsibilities are usually unavailable. Some mothers in this study were so fearful their children would be abused that they described how they could not leave them with anyone or give them the freedoms other children had. This restricted their own and their children's lives.

Drink and drug misuse

Recourse to heavy use of drugs and/or alcohol is already well documented in the research literature as an attempt to block traumatic memories, recurrent nightmares or flashbacks of abuse (e.g. Briere & Runtz 1989 or Hunter (ed) 1995). However it also puts great strain on relationships with children and partners. The study found that drink and drug misuse, and self-harming behaviour were the major reasons why three respondents had had children taken into care, and these behaviours provoked punitive and rejecting responses from agencies often over many years. One woman described the desperation behind such acts:

"I felt that bad about myself, desperately unhappy...you would eat and eat and eat, and drink and drink and drink, to blot everything out."

Identity and self-esteem

Almost all of the respondents described having frustrating memory gaps about parts of their childhood years. During interviews it became apparent that this ate into their sense of identity and self-esteem and often increased their uncertainty about other family members, making relationships of trust more difficult. They valued support and information, to help them piece together the "jigsaw" of their lives when they felt ready to do so, for example by working alongside professionals to examine social work or medical records.

Problems with partners

This study echoes other research that found that childhood sexual assault could cause problems for adult relationships including vulnerability to ill treatment, difficulties with trust and expression of emotion, sexual

problems, and uncertainty about sexuality (Hunter et al 2000). Almost all of the women in the study had experienced one or more abusive partners in adult life. They attributed their vulnerability to low self-esteem, a sense of worthlessness, or past assumptions that this must be how all men behaved. As one recalled:

"I felt as if there must be a flashing lamp on my head, signalling: 'treat this woman like dirt'".

Being treated with respect – by professionals and partners or both- had had been the most helpful factor in learning to value themselves. The minority of respondents who reported having supportive partners found this tremendously helpful. These partners gave long-term emotional support, were thoughtful sexual partners, advocated for them with officials and cared for children during crises. Contact with some partners during the research project revealed that they often faced considerable stress, and felt isolated. They wanted access to advice and written material about sexual abuse, and wished to communicate with other partners in the same situation, individually or through support groups. As one expressed it:

"There's lots of problems you could never talk to other guys about in the pub, but with someone who's been through it, you don't need to apologise or feel ashamed about admitting anything to them".

References

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Practice and Policy Implications

Professionals working with women with 'difficult' parenting behaviour, substance misuse, persistent postnatal depression or persisting bereavement problems need to be alert to a possible history of sexual abuse trauma, and support them to address issues arising from it.

Greater awareness is needed of the links between childhood abuse and adult problems, some of which may be expressed through family life. This has training implications for staff and volunteers, and service planning issues for agencies.

Support services for the survivors of child sexual abuse should be developed including therapeutic services for children who have been sexually abused, services for adult survivors and support services for partners.

Strategies to reduce the incidence of child sexual abuse in society need to be developed and prioritised, for example, through a national strategy for the prevention of child sexual abuse.

Research Implications

There is a need for further research on child abuse and its impact. In particular this study highlights the need for research focussing on:

- Possible links between postnatal depression and a history of childhood trauma.
- Family issues identified by this study, including the experience of parenting.
- Research with male survivors on how sexual abuse in childhood has affected their family relationships.

The qualitative research study was a collaborative research project between Edinburgh Association for Mental Health and the Department of Sociology, University of Edinburgh. Semi-structured, in-depth interviews were carried out with female survivors of sexual abuse, with statutory mental health staff, and with voluntary sector staff working in mental health and related areas.

Nelson, Sarah. *Beyond Trauma: Mental health Care Needs of Women Who Survived Childhood Sexual Abuse*. Edinburgh Association for Mental Health, 2001. Available, price £7.50, from EAMH, 40 Shandwick Place, Edinburgh EH2 4RT. Tel. 0131 225 8508

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