Adlerian Life Tasks influenced by the Development of Posttraumatic Stress Disorder Symptoms in Adult Victims of Child Sexual Abuse

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Abstract

This literature review examines articles that explore adult women who have histories of child sexual abuse and how that history is related to their current symptoms of posttraumatic stress disorder. This review will also look at how the symptoms of posttraumatic stress disorder affect the Adlerian tasks of life: work, love and friends. Most of the research reviewed had findings that indicated that a definite relationship existed between child abuse and posttraumatic stress disorder.
Introduction

It is well known through research that adults with histories of child sexual abuse can suffer from an array of psychological and interpersonal problems more so than individuals who do not have histories of sexual abuse. These problems can consist of issues with anxiety, depression, suicide attempts, low self esteem, substance abuse problems, problems with intimacy and Posttraumatic Stress Symptoms. An individual who suffers from any of the above symptoms will more than likely experience complications in many areas of their adult life.

There are many factors that will influence the long-term effects of childhood sexual abuse that an adult might experience; those factors include closeness to perpetrator, penetration, longer duration, number of perpetrators and the use of force during the abuse (Jonzon & Lindblad, 2005). For the purpose of this paper, the focus will not be on the factors influencing the effects, but the different effects that the individual may experience.

From an Adlerian perspective there are five key areas of life that need to continuously be working towards balance in order for an individual to have healthy mental health. Those areas are work, love, friends, self and spirituality. The dynamics of childhood sexual abuse have been described as a violation of body, boundaries and trust. Inevitably an adult survivor of child sexual abuse will have had a certain amount of impairment in these areas causing them to struggle in some or all of the five Adlerian tasks of life.

The focus of this paper will be to explore the relationship of the mental health of adult women survivors of child sexual abuse who have suffered from both a diagnosis of posttraumatic stress disorder or symptoms and how those symptoms play out in the five Adlerian life tasks: work, love, friends, self and spirituality.
Definition of CSA

For the purpose of this literature review childhood sexual abuse is referring to any reports from adult women who disclose being sexually abused before the age of 18 years. Sexual abusive behaviors refer to any sexual behaviors which occur without consent, without equality and as a result of coercion (Shaw, 2004). The abuse can be perpetrated by someone known to the child or a complete stranger.

Ferguson defined CSA as the use of children by adults for sexual gratification which may take the form of exposure such as exhibitionism or the viewing of sexual acts through pornography, molestation which is fondling of the genitals or sexual intercourse such as oral, vaginal and anal. The abuse can be forced or not (Ferguson, 1997).

Definition of PTSD

Posttraumatic stress can manifest in an individual who has experienced a distressing, traumatic event in their lifetime. Although most child sexual abuse victims do not meet the full diagnostic criteria for PTSD, more than 80% are reported to have some posttraumatic symptoms. Saywitz et. al reported that a great amount of research has been acquired that supports indications that the experience of sexual abuse as a child makes a contribution to adult development of posttraumatic symptoms.

To be diagnosed with PTSD individuals must meet the following criteria: impairment of affect regulation including impulse control and self-destructive behavior, altered states of consciousness with amnesia and dissociative symptoms, alterations in self perceptions including intense feelings of guilt and shame, distorted relations to others with isolation and distrust, somatization and alterations in ones system of meanings as reported by Spitzer.
**Definition of Adlerian Tasks**

From an Adlerian perspective we are all social beings so an individual is not looked at singularly but within the context of how they relate to the community at large. There are five tasks of life that everyone must participate in whether they have healthy or unhealthy mental health on a day to day basis.

The love and sex task refers to the intimate relationships that an individual engages in with a partner or with their children.

The occupation task is how one makes their living and how they use their skills to contribute to the world. The occupation task is also seen as how a person spends a great deal of our time whether it’s taking care of our children or going to a job every day.

The other people/friend/social task consists of our interactions with other people, how we contribute to society.

The spirituality task refers to how individuals extend themselves past the universe which is an extension of their belief system.

The self task refers to how individuals feel about themselves and the things that they do to enhance their meaning in this world.

In order to live an enriched life individuals must address each task to the fullest degree. Often times when individuals have been abused they will struggle with living out the tasks of life effectively.

**Statistics of CSA cases**

The prevalence of adult survivors of childhood sexual abuse has varied from research study to research study.
Diehl, et al reported that in 1998, 903,000 children were reported as victims of child abuse to the U.S. Department of Health and Human Services. In 2005, Vigil et al reported that out of every three girls one report of child sexual abuse will be made. One article reported that 28% to 30% of adult women have experienced some type of sexual abuse during their childhood or adolescence. In the United States and Canada, it is estimated that at least 20 percent of women are survivors of childhood sexual abuse (Schachter, Stalker, & Teram, 2003). Another study reported that the variance rates for women ranged from 6 to 62%.

Neumann discovered that among samples of women seeking psychiatric and psychological services; 35-50% of adult females who are in outpatient psychotherapy and 70% of women seeking psychiatric emergency services report histories of CSA (Neumann, 1994). She also reported that 20-50% of all adult survivors have identifiable mental health impairments. Another study she reported on showed that 75 percent of abused women report at least one negative emotional reaction.

Even though the prevalence rates vary from article to article, there is enough evidence to determine that the effects of child sexual abuse can contribute to the development of significant problems in adulthood for many people.

**CSA and PTSD**

**Stats of Diff Studies**

The majority of the research that was reviewed indicated that PTSD symptoms regularly occur in adults who have histories of child abuse. Banyard and Williams, reported that researchers have noted that the constellation of symptoms observed among abuse survivors matches the diagnostic criteria for Posttraumatic Stress Disorder (Banyard & Williams, 1996).
Thompson et al reported in 2000 that across multiple studies 33% to 86% of women who were reported to have experienced child abuse have also been diagnosed with PTSD symptoms or the actual disorder. These high numbers indicate that when an adult has a history of child abuse it is very likely that they will suffer from some symptoms of PTSD. Schumnin (2006) reported that survivors of child abuse face increased risk for depression and PTSD.

Epstein, et al’s (1997) study examined whether or not childhood rape victims manifested PTSD in adulthood. The researchers hypothesized that the type of rape that the child experienced is related to the development of PTSD. The sample included 3,220 women over the age of 18; 288 were determined to have experienced childhood rape. Out of the 288, 74 were determined to have lifetime PTSD, 50 had experienced PTSD within six months of the study being conducted. The findings from the research conducted indicated that the type of rape would positively influence whether or not PTSD was developed, with anal rape and oral rape having higher numbers of development. Their study also showed that children who were victims of multiple rapes have a higher proneness for developing PTSD.

Another study conducted by Rodriguez et al. (1997) explored the affect of dual abuse on PTSD symptoms in adult CSA survivors utilizing a sample of 45 adult women who were in treatment for childhood sexual abuse. The researchers held the following hypotheses: CSA subjects will have higher PTSD rates and levels than non CSA subjects. CSA duration and use of physical force will significantly increase PTSD intensity. Results indicated that 86.7% of the participants in the CSA group met the criteria to be diagnosed with PTSD. In comparison 19.4% of control group participants met the criteria for PTSD. Researchers also found that participants who were victims of child sexual abuse were more likely to develop PTSD then victims of child
physical abuse. Also the relationship between force and duration with PTSD was found to be positive.

Dubner et al. (1999) set up a study that was geared towards looking at the relationship between PTSD and sexually abused foster children in a sample of 150 children divided into three distinct groups. Researchers hypothesized that most of the foster care children who reported histories of CSA would also meet the diagnostic criteria for PTSD. It was also hypothesized that in relation to children with histories of physical abuse the rate of PTSD would be higher in the children with histories of sexual abuse. The last thing investigated was the belief that a relationship would exist between PTSD and severity and duration of abuse. Results indicated that 64% of the sexually abused children had PTSD, 42% of the physically abused children also had PTSD and 18% of the nonabused children had PTSD. Researchers found that the severity and duration of the abuse was not significantly related to the development of PTSD.

In another study (Nishith et al., 2000) designed to assess how a history of childhood abuse could contribute to symptoms of PTSD in adults when they are revictimized in a sample of 117 women who had been raped. Results indicated that a higher rate of childhood sexual abuse could increase the likelihood of adult victimization contributing to increased levels of PTSD symptoms.

In relation to the earlier studies conducted, Hanson et al., 2001 designed a study to examine how CPA, CSA and adult mental health are related. The researchers also wanted to look at the relationship between PTSD and CPS, CSA and adult mental health. Findings from the study indicated that victims were more likely than non-victims to suffer from PTSD. It also showed that the victims would more than likely suffer from Major Depression also. The research
also showed that individuals in the aggravated assault category would be more likely to suffer from PTSD than those who were victims of rape.

Mennen, 2004 conducted a study that is a little different from the ones mentioned above because he focused on the Latino population. Due to an increasing number of Latino children entering the child welfare and mental health the author focused his study on manifestation of PTSD symptoms in a sample of Latino children. A diagnosis of PTSD was given to 48.4% of the participants. This proved to the author that like children from other samples in similar studies Latino children are suffering from symptoms of PTSD when they have been victimized.

Schumm et al. (2005) conducted a study to assess how a history of child sexual abuse and child physical abuse could positively predict their reactions to current stressful situations when resources are lost. At the same time the researchers hypothesized that their resource loss would increase their chances of manifesting PTSD symptoms and levels of severity. The study used 176 women from low income areas the races varied across African American and European American. It was hypothesized that Child abuse would positively predict resource losses which in turn impacted the severity of PTSD. It was also hypothesized that women who reported more frequent child abuse would have a greater sensitivity for the effects of PTSD then those reporting less frequent child abuse (Schumm et al.). Out of 176 participants 63% were victims of child physical abuse, 25% were victims of child sexual abuse and 20% experience both at the same time. The researcher’s hypothesis is that the current resource losses of the participants would predict the severity of the PTSD symptoms occurring within them. Researchers also found support for their belief that frequent child abuse would affect severity of current PTSD.

A more recent study conducted by Sullivan et al. (2006) investigated whether childhood abuse and neglect subtypes predict the severity of PTSD symptoms. (Sullivan et al.) It was
hypothesized that abuse subtype would predict overall PTSD symptoms and abuse and neglect overall PTSD in the 89 participants included in the study. The findings indicated that PTSD symptoms are directly correlated with the various forms of child abuse (sexual, emotional and physical).

Another study (Spitzer et al., 2006) examined the prevalence of child maltreatment and complex PTSD using 32 forensic patients of males and females. The participants had experienced varying forms of child abuse with 75% reporting emotional abuse, 59% reporting neglect and 52% reporting physical abuse. Researchers (Spitzer et al, 2006) hypothesized that complex forensic patients would have frequent rates of complex PTSD and that patients who could be diagnosed with PTSD would have reported more instances of childhood maltreatment. All of the participants were administered the Structured Interview for Disorders of Extreme Stress (SIDES) and the Childhood Trauma Questionnaire (CTQ). The researchers concluded after analyzing data that the majority of their subjects reporting having experienced severe childhood trauma and 28% of the participants were diagnosed with complex PTSD.

**What PTSD looks like in CSA Survivors**

From the research that has previously been reviewed we can see that it’s a very real issue for CSA survivors to deal with symptoms of PTSD. One study that reviewed the incidence rate for PTSD manifestation concluded that 69% of survivors of childhood sexual abuse exhibited symptoms consistent with the diagnosis of posttraumatic stress disorder or the symptoms of PTSD (Ferguson, 1997). Now that we know this we need to look at what the PTSD experience looks like for CSA survivors then how those symptoms will affect the five Adlerian tasks of life. CSA survivors have the largest single group of PTSD sufferers.
According to Briere and Elliott, adult survivors suffer from sudden, intrusive flashbacks that can be visual, auditory, olfactory and or tactile sensations reminiscent of the original assault. They may also suffer from intrusive thoughts or memories.

Cobia et al. reported that survivors of CSA experience PTSD symptoms through intimacy and sexual disorders sleep disturbance, difficulties in maintaining concentration, memory problems and irrational guilt. Survivors may have nightmares and intrusive flashbacks which take them back to the trauma they previously experienced.

Beveridge et al. concluded that CSA survivors commonly manifest PTSD symptoms by re-experiencing their traumas as memories, flashbacks and recurrent and disturbing dreams. They also may demonstrate withdrawal, depression, loss of interest in life and dissociation. It has also been noted that many survivors manifest emotional disturbances in relationship building, often seen as social isolation (Beveridge & Cheung, 2004).

Another way that victims of child sexual abuse experience posttraumatic stress symptoms is through affect dysregulation. Early abuse may disrupt the development of negative affect regulation skills. Wolfsdorf defined affect dysregulation as an inability to adaptively manage or tolerate intense emotions. It may manifest itself in many different ways such as overwhelming anger, sadness, anxiety, difficulties regulating sexual involvement, chronic engagement in self destructive, impulsive and risk-taking behaviors and suicidality (Wolfsdorf & Zlotnick, 2001). From Wolfsdorf research study a greater percentage of participants with current PTSD reported difficulty with affect modulation compared to participants with a history of PTSD and participants who never had PTSD.

Suffering from all of the symptoms or even one or two of the symptoms from posttraumatic stress disorder can disrupt the daily functioning of the individual.
Adlerian Life Tasks

Adlerian theory maintains that all individuals are social beings, so we must not look at the individual in a singular context but in the context of how they interact with society as a whole. Alfred Adler originally proposed that there were three tasks of life: love, work and friendship that we must all work at to have healthy mental health. Years later two other life tasks were proposed: self and spirituality. An individual’s mental health is dependent upon the feeling of working toward a satisfying and meaningful solution to all of the tasks of life (Hawes and Blanchard).

As an individual develops from a child to an adult they draw conclusions about life and people based upon their experiences and interactions as children and their interpretations of those experiences. It has been noted that an individual who is a survivor of child sexual abuse will have a great chance of experiencing many difficulties in key areas of their lives. Many of the articles that were reviewed for this paper concluded that it’s a good chance that those survivors will suffer from many of the symptoms, if not all that are required to be diagnosed with Post traumatic stress disorder. This section of the paper will follow-up on those symptoms relating them to how they fit into the five tasks of life.

Cobia et al reviewed research that concluded that the symptoms of PTSD that many survivors experience will hinder them in many forms of interpersonal functioning such as poor personal adjustment, social isolation, mistrust of men, interpersonal difficulties, and problems forming and maintaining relationships and increased reports of relationship dissatisfaction. From research reviewed we can conclude that many survivors struggle with coping with life tasks satisfactorily.
**Intimate Relationships/Love**

The intimate relationships/love task is comprised of the marital/long term relationship and parental relationship. It is necessary for us to look at the marital/long term relationship first then to talk about the parental relationship. Survivors of child sexual abuse tend to have a basic mistrust of others causing them to avoid intimacy with everyone, which can include their partners and children.

**Marital/Long-term Relationship**

The marital/long term relationship is a very key relationship. It’s a relationship where two people share the most intimate moments of themselves and their lives. Two people live and work together. A healthy intimate relationship is one that exhibits attitudes of equality, cooperation, mutual responsibility, and interest in one another, productive communication, problem solving and cooperation (Hawes & Blanchard, 1993). According to Briere and Elliot adult survivors are more likely to report a fear of men and women, remain single and if they get into a relationship report relationship dissatisfaction resulting in separations or divorce. Unfortunately for this group of women they have complications when attempting to engage in their own relationships because their ideas and values of sexual normalcy have been distorted by the traumatic event.

Nuemann supports the finding that there is a high correlation between history of CSA and difficulties establishing and maintaining intimate relationships in adulthood. She reported that the difficulties could manifest in a number of ways including difficulty trusting, social isolation, and feelings of inadequate social adjustment. Their expression of sexuality can be disrupted causing them to have trouble experiencing arousal and orgasm, avoidance of sex, promiscuity and a general feeling of sexual dissatisfaction (Neumann, 1994).
Other research has indicated that it’s very likely for women sexually abused as children to believe that if they engage in an interpersonal relationship that they will be abused again. They may also conclude that the way to be connected to an individual is to utilize sex.

Miner, et al. reported that childhood sexual abuse is a risk factor for adult victimization which is associated with unintended pregnancies, negative attitudes about sex, decreased comfort with sexuality, sexual dysfunction and feelings of vulnerability (Miner, Flitter, & Robinson, 2006). In their sample of female victims 30% reported sexual revictimization as adults.

Many women who have been abused as children suffer from many different types of sexual dysfunction. PTSD sufferers frequently have nightmares and flashbacks of the traumatic sexual event that occurred when they were children. These symptoms can contribute to their sexual dysfunction. This dysfunction can serve as a serious problem in relationships. Sex is a way that most people exhibit their passion to and for one another. When problems arise in that area many men have problems understanding the connection of past abuse to current relationship problems.

Another issue that survivors may encounter is barriers to sexual health causing them to engage in sexual risky behaviors such as having multiple partners and/or not using protection. They may lack the ability to communicate with partners when there are problems, problems that put their health at risk.

Survivors often feel guilty if they get pleasure out of any sexual experience. This guilt can cause them to attempt to numb themselves by constantly exposing their body to sexual behavior, it could also cause them to attempt to avoid sexual acts altogether.

Survivors also report perceptions of their male partners as controlling and insensitive. These feelings are a reminder of the victims’ powerlessness during the time of the abuse which
they may also act out even as an adult. These perceptions may also lead them to not communicate with their partners about their feelings and concerns. The survivors don’t trust their partners with their innermost feelings.

**Parenting**

Parenting is the task of life where we help guide and develop another individual who is under our complete care. That child can be biological or not biological. Modestin reported that sexual abuse was found to be associated with emotionally disturbed parenting (Modestin, Furrer, & Malti, 2005).

Dilillo reported that the history of child sexual abuse can affect the parenting of the adult with the history due to poor maternal mental functioning leading to diminished parental functioning and poor development outcomes for the children.

These mothers are known to experience heightened anxiety and distortions interrupting their ability to parent effectively. The following problems that have been noted are role reversal, permissive parenting, lack of parenting skills and abilities and addressing sexuality with children.

It is common for mothers who have a history of child sexual abuse to reverse the role of parenting onto the child due to their inability to parent because of their mental health problems. Many of these mothers look to their children to meet their own emotional needs instead of the mother meeting the child’s needs. Another example of role reversal is the mother treating the child as more of a close friend then the child inhibiting their effectiveness as a parent. These mothers may have limited contact with their own peers so they look to their children for validation and support.

It’s also documented that these mothers may take the permissive approach to parenting which supports their need to have their child as a friend rather than to serve as the parent. The
permissive parenting style may also be the victims’ reluctance to invoke power over a child empathizing with their own feelings of powerlessness stemming from their abuse. It could also come from the lack of energy they might have from dealing with their own psychological issues.

Due to the fact that many women who have been sexually abused as children were perpetrated against by someone close to them, the victim may not have had a good model of healthy parenting. The victim may resent that their own parents or parent didn’t protect them so they may reject every aspect of parenting that they were modeled as a child.

Another issue related to parenting is the victims’ inability to address issues of sexuality with their own children. This issue can be two fold. Either the mother talks about sexuality freely before the child is mature enough to understand. Or the mother is so inhibited by the subject of sex that she doesn’t talk about it at all, leaving her child unprepared to deal with the subject.

Unfortunately some forms of child maltreatment of their children is another area where the history of child sexual abuse might affect the survivor. Dilillo reported that mothers who had a history of child sexual abuse would be contacted by Child Protective Services 2.6 times more than those with no history of abuse.

Work

The work task is the one that allows individual to contribute to the society by utilizing their own personal skills. Not only does one contribute to society as a whole but they also receive compensation in most cases which allow them to take care of themselves and their families’ financial needs. Work can also include doing things that you aren’t compensated for such as being a taking care of your own home on a full time basis and volunteering your time somewhere else. Many people attribute their personal self worth to what they do for work. PTSD symptoms
has often been linked to lower wages and work difficulties (Robst & Smith, 2008). Their attention and cognitive difficulties affect their ability to maintain employment.

Research on the effect of child sexual abuse and the influence on later ability to obtain work as an adult is limited. Mullen and Fleming noted that victims of child sexual abuse had lower status economic roles. This tendency to occupy low status economic roles might be attributed to the fact that as victimized children their educational attainment was impaired due to the consequences of the abuse.

Lee and Tolman stated that a group of studies found that one-third of former and current welfare recipients met the criteria for major depression, PTSD and generalized anxiety disorder from admitting to a history of child sexual abuse. The symptoms that they experience cause barriers to gainful employment (Lee & Tolman, 2006).

It has also been noted that poor concentration, anxiety or fear, poor personal appearance, and difficulty dealing with other serve as obstacles to employment for sexually abused women. Robst and Smith reported that CSA victims are more likely to report job-related problems, financial problems and problems with absenteeism.

One factor that significantly impacts the effects on work outcomes for victims of child sexual abuse is the type of abuse. Many studies found that work related problems were related to intra-familial with coercion abuse and extra-familial with and unknown perpetrator.

Social Relationships/Friendships

According to Hawes and Blanchard this task speaks to the need that people have to be able to have deep and long-lasting relationships and to feel bound by their membership in the human race through association with others of their kind. Survivors of child sexual abuse might experience problems dealing with others in social situations. Briere and Elliot noted that sexual
abuse occurs in the context of human relationships, with as many as 85% of cases perpetrated by individuals known to the victim. This violation can leave the victim with a distrust of others, anger, fear of those with greater power than themselves and concerns about abandonment. Their need for self protection will contribute to a sense of social alienation, depression and anxiety in social situations.

Some victims of child sexual abuse will attempt to empower themselves by controlling their environments constantly leaving them lacking in social interest which can cause them to have difficulties in social adjustment (Waters, Westermeyer, Gralewski, Schneider, & Warkentin, 2008).

Walters described how Adler postulated that abused children tend to develop an increased sense of inferiority which developed a fictional goal of striving for personal power.

Briere and Elliot also pointed out that those women who have been sexually abused as children encounter problems when attempting to understand or relate to others who have problems that are independent from their own experiences. This can cause problems when dealing with friends because one of the main functions of friendship is the empathy that one friend gives to the other.

Survivors may also prove to be more gullible than a nonabused person causing them not to protect themselves in situations where they need to; resulting in revictimization.

Neumann describes the disruptive impact of traumatic events on the world views, assumptions and sense of identity of survivors (Neumann, 1994).

Due to the lack of trust, social skills and emotional impairment women who have been sexually abused as children report having few friendships than women who haven’t been abused.
Liang et al also reported that these survivors might suffer from feelings of alienation, social nonconformity and emotional discomfort which will have an impact on many of the relationships they may try to develop.

Hill discussed the belief that victims of childhood sexual abuse suffer from interpersonal dependency which impairs which contributes to their struggle with social relationships. Interpersonal dependency is marked by four factors: motivation, cognitive, affective and behavioral. Their lack of motivation leaves the victim to constantly need guidance, support and approval from others. Cognitively they perceive themselves as powerless and ineffectual leaving them to defer to others most of the time. They have a tendency to become anxious and fearful when they have to function on their own. Behaviorally they constantly seek support from others and reassurance (Hill & Gold, 2000). This interpersonal dependency can cause strain on their social relationships because they will be viewed as too needy. The victims will not understand when friends aren’t constantly available to them they will attribute it to their own self worth. Then their pattern of clinging then withdrawing will cause stress on all parties. CSA leaves survivors feeling emotionally vulnerable, anxious, self-doubting, and experiencing intense needs for validation and support.

The ability to connect with others and to maintain that connection can be lost on victims of childhood sexual abuse, because oftentimes they don’t have the ability to accurately interpret personal cues, or how to maintain appropriate boundaries and understanding interpersonal experiences will leave them socially handicapped.
Spirituality

The spiritual task is the need that many individuals have to relate the meaning of life to something that is past our existence. This is that task that some people use to help them understand the significance of humankind.

Bevedridge and Cheung reported that many adult child sexual abuse survivors struggle with ambivalent and hostile feelings toward God, religion, and spirituality. Many reject the religion of their upbringing perceiving that they have been abandoned by that particular faith (Beveridge & Cheung, 2004). On the flipside, some survivors may focus on spirituality as a way to replace what was stolen from their childhood.

Research in this area is very limited.

Self

It is of the most importance for all individuals to know how to get along with others, it’s also very important that we have an understanding of our own self worth. Self esteem is the extent to what how comfortable an individual feels with themselves. Throughout our lives from birth to adulthood we are exposed to many different life events. From these evens we make decisions about the meaning of life which serve as our blueprint for how to interpret, cope and react to various situations. An act of sexual abuse on a child may interfere with their development of self. This interference can show up in their lack of ability to self soothe causing them to overreact in certain situations. Individuals who have experienced an abuse of power by an adult figure tend to experience strong feelings of inferiority, powerlessness and incompetence. It was also reported that self blame is associated with higher reports of posttraumatic symptoms (Miner, et al., 2006).
Briere and Elliot concluded from their review of research that many adult survivors have perceptions of themselves as helpless, hopeless, lack of trust, self blame and low self-esteem.

Such experiences have been shown to damage a child’s cognitive functioning, physical health, emotional well-being and self concept. When the sexually abused adult was an adolescent they searched within and without for personal identity, the need to maintain one’s objects as good must necessarily come into conflict with their growing sense of self. Consequently adolescents with traumatic experiences are left with a need for repression and denial on one hand and the desire for revelation on the other hand. The Repression and denial usually overpower the needs for revelation inhibiting or terminating the adolescents search to their own identity development affecting negatively their adult psychological health (Brooks, 1985).

Another article concluded that women with a history of child sexual abuse are more likely to attribute the cause of negative events to internal, stable and global factors, as well as to their behavior as the cause for their abuse.

The experience of CSA implies reduced parental or kinship investment and a failure to protect the girl from sexual exploitation may signal and unwillingness or an inability to provide this investment. Considerable evidence shows that CSA lowers women’s appraisals of self-worth, appreciation of their body image and general self-esteem (Vigil, Geary, & Byrd-Craven, 2005).

CSA clients have been degraded by their experience and in turn they degrade themselves. Many things that go wrong in their life they will attribute to their own perceived short comings.

On the basis of men’s mate preferences, adult victims of CSA are predicted to report more negative evaluations of their physical appearance then are nonabused adults and to evaluate their physical appearance more negatively than they would other aspects of their self-image.
CSA lowers victims’ sense of attractiveness and are in keeping with other research that shows a relation between self-evaluations, attributional styles, and the psychological distress that accompanies it (Vigil, et al., 2005).

CSA survivors have been known to have feelings of intense self loathing, harsh self criticism and an overall feeling of underservingness (Neumann, 1994). She also noted that they may have difficulty integrating femininity into their sense of identity.

Shame and guilt are also prevalent feelings in CSA survivors. They feel shame with regard to their bodies and appearance. They feel shame whenever they get pleasure from a sexual act. They have an ambivalence about taking care of their bodies (Schachter, et al., 2003).

As a child the victim was at the mercy of their abuser who at the time dictated everything that happened with the victim with no regard to them. This lack of regard for them could have left the victim feeling like an inanimate object.

**Conclusion**

**Clinical Implications**

Wolfsdorf reported research that noted that up to 72% of adult female psychiatric patients have histories of abuse (Wolfsdorf & Zlotnick, 2001). With this statistic and the ones previously stated it’s very important that therapists have some understanding of how to treat adult victims of child sexual abuse.

There are many clinical implications that can be drawn from these various studies. Epstein et al. (1997) maintains that when working with victims of child abuse that it’s very important to know the type of abused endured because type of abuse can determine type of symptoms that are manifested. If a history of childhood sexual abuse is suspected the clinician may want to do a comprehensive PTSD assessment.
Mennen, 2004 should give clinician’s insight to the Latino population giving them proof that Latino children experience child abuse similarly to other ethnic groups. They should also make it a practice to screen for PTSD whenever child abuse is suspected. It would also be useful for clinicians to be proficient in other languages so that they can serve wider populations.

Schum et al. 2005 implied that clinicians should be aware that treatment methods should be holistic targeting past experiences and present circumstances.

A study by Palmer et al. 2004 indicated that clinicians should educate their clients about the causes of stress induced by trauma giving them a sense of empowerment through their understanding and skills development.

Sullivan et al. 2006 suggested that clinician’s explore specific information because the more information clinicians have about their clients the more effective treatment they can provide. It would also be helpful for more focus to be put on the emotional abuse experienced by child victims.

For parenting issues, clinician’s can assist their clients with managing their emotional and behavioral responses which could assist them with responding to misbehavior from their children. They may also be of assistance to their clients by explaining sexuality development to their clients so that they can transfer the information properly to their children.

Therapists working with women who have histories of child sexual abuse should be prepared to deal with many different conflicting symptoms that result from the memory of their trauma and the current difficulties they may be experiencing due to those symptoms. They should also be prepared to work with the families also in an effort to relieve the strain.

It is the job of the therapist to rebuild psychological functioning and have specific strategies to promote life skills, boundary setting, communication, conflict resolution, friendship
and intimacy skills, parenting, problem solving, relaxation and stress management (Beveridge & Cheung, 2004).

Another goal of treatment should be to encourage the client’s sense of belonging in life, to find meaning as an ordinary person, and to restore faith in human kind. Treatment focus will be overcoming the complex of pessimism, discouragement, and overambition which can be a result of abuse. A positive end result will be for the client to gain optimism, self-encouragement and realistic striving (Slavik & Carlson, 1993).

Many clients will come to therapy with a low opinion of themselves to overcome this negative view therapists can encourage their clients. They can also help the client identify personal strengths that they used to get through their traumatic experiences.

As noted previously in this paper and supported by the research completed its common for adult victims of child sexual abuse to struggle within their intimate relationships. They tend to choose partners for the wrong reasons and function negatively within those relationships. Therapists can work with clients to identify healthy characteristics they should look for in partners that will increase their chance of success.

As a therapist working with victims of child sexual abuse it is imperative that one works with the client to restore feelings of competence, help them establish realistic goals, and positive understanding of the tasks of life. This will help make life healthier and less stressful than the self enhancing, conditional or forced solutions (Slavik & Carlson, 1993).

Victims also describe their experiences as violations in the physical, emotional and spiritual sense. It will be important for the therapist to help redefine boundaries with the client.

Another issue that plagues child sexual abuse victims is the realization that their personal space was violated leaving them to feel that they aren’t safe. This safety violation should be
addressed in the therapeutic setting. This setting can serve as an example of a place where the client can be physically and emotionally safe. For some victims this could be their only time feeling safe.

Summary

From all of the research reviewed it is clear that the presence of PTSD symptoms or the disorder can be found in many adults who have histories of child abuse. Raghavan and Kingston, concluded from their research that abuse sustained as a child could trigger traumatic symptoms in the survivor leading to a diagnosis of PTSD (2006).

From the Adlerian perspective a great indicator of mental health is to do an assessment of the tasks of life, it’s the ongoing striving in pursuit of such excellence that challenge meeting the life tasks provide.

From all the research reviewed we can conclude that many survivors of child sexual abuse constantly struggle with effects of the abuse even in their adulthood. A history of child sexual abuse can result in many psychological consequences affecting many areas of the victim life and the people around them.

Helping to create realistic goals in the life tasks creates success and enables those who have experienced CSA to change pessimistic beliefs. Working with this goal incorporates working with conditional relationships, denial and formulaic distancing (Slavik & Carlson, 1993). It’s also important to defuse sexual abuse as the central issue of the client’s life and make present and future endeavors the issue.
References


