

### **The Deep Scars of Sexual Abuse**

According to one victim of sexual abuse: “Though I still become caught in fear and anger, each day I become more aware of the power I possess to choose love. The most powerful words given to me during this painful process of healing came from Martin Luther King, Sr.: ‘No matter what you do to me, I will not give you the power to make me hate.’”<sup>1</sup> Those words are significant and powerful especially for those persons who have been sexually abused or suffered trauma in their life. Many victims of childhood sexual abuse have so much pain and anger that they have difficulty functioning in everyday life. Because the trauma is so deep and painful, many victims either keep quiet, suffer in silence or lash out in hate and rage as a result of the deep scars that have not been healed.

The problem neuroscience has taught us is “we can never erase or completely work through a traumatic experience because it remains encoded in our neurophysiology (and) there is no such thing as working something through once and for all.”<sup>2</sup> These are very problematic findings that lead us to believe that many victims of sexual abuse and trauma have to live with this all the days of their lives.

It is important that we understand what the word trauma means. Trauma means wound. It “has come to describe an extremely distressing and harrowing personal or communal experience that exceeds our normal abilities to cope. Traumatic experiences can leave us feeling overwhelmed, emotionally flooded, disoriented, unsure of ourselves, no longer able to trust others or our ability to perceive reality correctly. Experiences of trauma can result in what has become known as posttraumatic stress disorder or what Judith Herman more accurately calls

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<sup>1</sup> Bass, Ellen, and Laura Davis. "Gizelle." *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. New York: Perennial Library, 1988. p. 446. Print.

<sup>2</sup> Van Den Blink, Han. "Trauma and Spirituality." *Reflective Practice: Formation and Supervision in Ministry* 28 (2008): p. 41. Print.

‘complex post-traumatic stress disorder’ because ‘the responses to trauma are best understood as a spectrum of conditions rather than as a single disorder.’”<sup>3</sup> Understanding this diagnosis is very important. Transforming the effects of sexual abuse or the trauma into a diagnosis of post-traumatic stress disorder is a more relevant and descriptive diagnosis than what many had thought in the past. As it pertains to law, there is no separate category for post-traumatic stress syndrome; rather they categorize it, unfortunately, as mental insanity. This is how these conditions have come to be misunderstood in the legislature and court system. If we legitimized a diagnosis of trauma, we would be better able to treat those that suffer from this condition.

Data on sexual abuse victims tells us that the trauma involved is difficult not only for the victim to understand, but also to process. Children who have experienced sexual abuse throughout their life often times try to repress their memories of the event in order to try to function in a normal way. We know that “child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with the realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behavior of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulating or imagining from parents, courts, and clinicians.”<sup>4</sup>

This is an exchange between a woman and the father who abused her when she was a child. This case is typical of the denial and accusations that victims go through when they are sexually abused. It also highlights how the abuse continues when the victim is not believed. This is what the father wrote:

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<sup>3</sup> Ibid, p. 31. (internal citations omitted)

<sup>4</sup> Summit, Roland, C. M.D., “The Child Sexual Abuse Accommodation Syndrome.”, *Child Abuse & Neglect*, Vol. 7, p 1

“You were a very happy child growing up. An evil psychiatrist has implanted a hypnotic suggestion into your mind. As your father, and as a professional, I *demand* that you get a new psychiatrist, an M.D. And I want a letter from him stating that you are in his care. If you do not do this immediately, I will sever all further relationship with you. Love, Dad.”<sup>5</sup>

This is what the victim wrote:

“First of all it was not hypnotic implantation. I remember being molested. It’s that simple. I remember how and when and where it happened. It’s instant recall, Dad. Secondly, I’m not going to change counselors.’ I told my father that I was going to heal this wound, and that I’d do it with him or without him.”<sup>6</sup>

This case study shows how typical it is for abusers to not only continue manipulating their victims of abuse, but it also illustrates how these victims of abuse have to fight through the pain, hurt, and unbelief in order to achieve healing.

“Most persons who have been traumatized remember their traumatic experiences relatively clearly. They’ve never forgotten them, and they have no doubt about what happened. For others, like the woman whose exploration of her anxiety led to a revelation of childhood sexual molestation, matters are not so clear. These persons may have gone for years – even decades – without remembering various traumatic childhood experiences. Then, seemingly out of nowhere, images suggestive of traumatic experience start coming to mind.”<sup>7</sup> “Although the concept is controversial, *repression* can play a role in not remembering traumatic events. When we deliberately avoid trying to think about something – often making matters worse – we are

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<sup>5</sup> Bass, Ellen, and Laura Davis. "Gizelle." *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. New York: Perennial Library, 1988. p. 453. Print.

<sup>6</sup> Ibid, p. 453.

<sup>7</sup> Allen, Jon G., “Memory”, *Coping with Trauma: Hope through Understanding.*, Washington, DC: American Psychiatric Pub., 2005. p. 87. Print.

employing *suppression*. In contrast, repression is an automatic, nonconscious process that inhibits emotionally painful thoughts and memories from being elaborated in consciousness.”<sup>8</sup>

Many victims of sexual abuse have used these mental techniques daily, not realizing they were causing more emotional damage. “Sadly, trauma does not necessarily end when the traumatic situation is long past. Many traumatized persons continue to re-experience the trauma wherever memories of the event are evoked. Along with the memories come painful emotions and the sense of helplessness.”<sup>9</sup> Additionally, “Many persons are blindsided by flashbacks that have been triggered out of the blue by some reminder of trauma. Not uncommonly, the triggers are hard to identify, compounding fear with bewilderment. Traumatic memories also intrude into sleep in the form of nightmares. Flashbacks and nightmares can be relatively direct replicas of the traumatic experience. Some traumatic events are remembered and relived with crystal clarity, in full detail, accompanied by a coherent sense of what happened. These are prototypical personal event memories, albeit with a traumatic intensity of emotion.”<sup>10</sup> Unfortunately, many victims of sexual abuse experience these phenomena on a regular basis.

These are some of the significant ramifications for those who have experienced this type of trauma. It is regrettable that the trauma and these memories are things that many of these victims are never able to forget or get over. Unfortunately, many times the victims do not have the resources to find competent and capable counseling in order to come to a healing place with regard to what happened in their life. In this instance, many continue this vicious cycle of abuse long after the abuse has stopped.

“A century ago, Freud labored to understand the causes of debilitating symptoms, including anxiety, depression, suicide attempts, painful physical sensations, and eruptions of

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<sup>8</sup> Ibid, p. 92. (internal citations omitted)

<sup>9</sup> Ibid, p. 79.

<sup>10</sup> Ibid, p. 83-84.

intense emotions associated with images of hallucinatory vividness. He had worked with 18 patients with such symptoms and concluded that in *every instance*, the symptoms were connected with sexual trauma in early childhood.”<sup>11</sup>

Almost *every single* victim of sexual abuse that I have worked with as a lawyer, advocate and pastor had issues of anxiety, depression, suicide attempts, painful physical sensations, alcohol abuse, drug abuse, and vivid hallucinations or flashbacks. These are commonplace for those who have been sexually abused and many times they live for years in silence with these effects.

The traumatic events and abuse disrupts an individual’s secure base and destroys the basic trust humans’ need in order to function. It also deeply disturbs physiological regulation. Often a kind of double whammy results here: the traumatic experience generates hyperarousal (fear, panic, pain), and when the individual is then abandoned or neglected after being injured and aroused it compounds the negative effects of the experience.<sup>12</sup>

So, it is very important that a secure attachment relationship develops for the victims of sexual abuse in order for them to attain a ‘safe-haven’. Along with physical protection, secure attachment provides a *feeling of security*. The victims need to be physically safe and to feel emotionally secure enough to heal. Trauma undermines both; a healing attachment relationship restores both.<sup>13</sup>

Without doubt, sexual abuse has significant and lasting effects on its victims. Many victims live in silence and keep the abuse secret all their lives. They may keep it silent, but it still has tremendous physical and psychological effects on the well-being of the whole person.

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<sup>11</sup> Ibid, p. 88. (internal citations omitted)

<sup>12</sup> Allen, Jon G., “Attachment”, *Coping with Trauma: Hope through Understanding.*, Washington, DC: American Psychiatric Pub., 2005. p. 29. Print.

<sup>13</sup> Ibid, p. 27.

The court system and the legislature must expand the protection afforded victims of sexual abuse not only allow healing and closure, but to recognize and seek justice for their harm.