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## **The Long Shadow: Adult Survivors of Childhood Abuse**

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It seems you can't turn on a TV these days without hearing about childhood abuse. References to "the dysfunctional family" are so common they are almost a cliché. But behind the cliché is the sad reality: some families are poisonous for children. Childhood abuse, particularly when severe, can cast a long shadow over your life influencing your emotional state, and how you relate to others. Even when not abusive, families can be dysfunctional in other ways, such as having a chronically depressed, mentally ill or substance-abusing parent. Your upbringing may have left you poorly equipped to parent your own children. In this chapter, I describe some of the most common types of abuse and family dysfunction, and how these experiences could be affecting you.

### **Types of Childhood Abuse**

Child abuse takes a wide variety of forms, and can range from mild to severe. Even competent parents make mistakes, and have challenges and difficulties. Abuse can occur inside the family, and with people who are not family members. By and large, however, the experiences I am describing occur within the home. In severely dysfunctional homes, it's not unusual for several types of abuse to occur at the same time. For example, someone who is sexually abusive is often physically abusive as well. In families where there is partner abuse, there is also likely to be parental depression and substance abuse. What seems to be important, across all these types of abuse, is the overall level of severity and degree of family pathology.

### **Child Sexual Abuse**

One of the most highly studied forms of abuse is child sexual abuse. The types of experiences can include everything from fondling to oral, vaginal or anal penetration. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) revealed that girls experienced sexual abuse at more than three times the rate that boys did (Sedlak & Broadhurst 1996). Approximately 20% of women (1 in 5), and 5-10% of men (1 in 10) have been sexually abused as children. The peak age of vulnerability is between 7 to 13 years of age, but children older and much younger have been abused (Finkelhor 1994).

Why does sexual abuse happen more to girls? Two possible explanations have been offered, but neither completely explains it. One explanation is male dominance of women. In this framework, men are described as the abusers of women and girls, especially within the family. Research has in fact demonstrated that sexual abusers are overwhelmingly male, and the majority of victims are female. But this does not explain

all sexual abuse. There are male victims and female perpetrators too. Therefore, male dominance of women does not completely explain these findings.

Access is another possible explanation for the sex difference in sexual abuse rates. Girls are most likely to be abused by family members, especially stepfathers, while boys are more likely to be abused outside the family. Girls may be more vulnerable to sexual abuse because the people most likely to abuse them are right in their homes. For girls, approximately half of perpetrators are family members; for boys only 10 to 20% are. While fathers and stepfathers are the most likely to abuse, other family members can also be abusive including brothers, uncles, grandfathers and “friends of the family.”

Mothers and other female relatives can also be sexually abusive. So far, we know little about female perpetrators. Some believe that this is because it is rare to be sexually abused by a mother. Others, however, including some adult survivors who were molested by their mothers, believe that female perpetration is the most secretive and closeted of all types of sexual abuse.

### **Child Physical Abuse**

We know more about sexual abuse, but physical abuse is actually more common. However, unlike sexual abuse, boys and girls are equally likely to be physically abused (Sedlak & Broadhurst 1996). Physical abuse ranges from spanking that “crosses the line” (and people are still arguing about where that line is) to torture, and even murder.

Children are most vulnerable to physical abuse in the first three years of life, but it can occur at anytime. When children are young, mothers are most likely to be the abusers. But any family member can be abusive. As I describe in the next two chapter, children who have difficult temperaments or disabilities, especially ones that make them challenging to care for, are at higher risk for physical abuse (Sullivan & Knutson 2000).

Recently, researchers have become interested in physical abuse among siblings. Sibling physical abuse is one of the most common forms of family violence. In most families, it is relatively mild. Because it occurs frequently, we tend to think of it as “normal.” But sibling abuse can be very severe and have many of the same consequences as parental abuse. In interviewing adult survivors of child sexual abuse, I found that abuse by a brother or sister was often brutal and sadistic. I wouldn’t be at all surprised to find something similar with regard to physical abuse. (This seemed especially true when there was a substantial age difference.)

Sibling abuse, especially in its more severe forms, often reflects an overall level of family pathology. Chances are, there are other types of abuse present as well. Parents may also be abusive, or at the very least, neglectful. Having multiple abusers, not surprisingly, makes the overall abuse experience more severe.

## Neglect

Neglect is by far the most common type of child maltreatment. Unlike physical or sexual abuse, where something is actually *done*, neglect is *failure to do* something. Types of neglect include not providing food, clothing or medical attention. It can include failure to supervise, provide a safe environment or provide proper education. (Unfortunately, families who home school are often harassed under the education portion of the neglect laws.)

Not surprisingly, neglect is often related to parental substance abuse and depression. Families who neglect their children are often chaotic. Parents don't seem to be able to "get it together" to provide food or appropriate clothing for their children. In Beth's family, both her mother and father were alcoholics. She was frequently hungry because her parents spent the money they had on alcohol.

Neglect is often thought to be solely a function of poverty. However, while poverty certainly accounts for some neglect, it is neither fair nor accurate to imply that all poor people neglect their children. There usually is something more, especially in chronically neglectful homes. In a paper entitled "The Psychological Ecology of the Neglectful Mother," Polansky and his colleagues (Polansky, Gaudin, Ammons, & Davis 1985) specifically addressed the issue of poverty in child neglect. In their study, they gathered a group of mothers identified as "neglectful" by social services. They then found another group of mothers who were not neglectful, but had the same income level, education, marital status, ethnicity, and even neighborhood as the neglectful mothers. What they found was illuminating. The mothers identified as neglectful were depressed, had few friends, and seemed unable to take advantage of resources that were available to them in their communities.

Depression in mothers and fathers is also related to neglect. Recall from chapter 2, that depression influences a mother's ability to interact with her children. One interaction style is "avoidant." Avoidant mothers disengage from their children, and ignore them much of the time. The other style, "angry-intrusive," is a risk factor for physical abuse (I'll discuss this in a minute).

Neglect also happens in the suburbs, and in more subtle forms. Food and clothing may be provided, but the parent might be emotionally absent. Parents may show little interest in their children. Mothers or fathers may have been so emotionally immature that children must care for them, rather than the other way around. Parents can also be so uninvolved that they fail to notice when something really serious occurs in their children's lives. Both Marilyn and Sandy were raised in middle-class homes with neglectful, substance-abusing mothers. Both were raped as teens by kids from their schools. Neither of their families noticed the abrupt change in their behaviors that occurred as a result of being raped. They never asked what was going on, or why their daughters were acting so strangely.

## **Emotional Abuse**

A public service campaign reminded us that “words can hit as hard as a fist.” For many people, emotional abuse is the worst type of maltreatment. Emotional and verbal abuse can also take a variety of forms. It can include name calling and saying hateful things. It can include constant comparisons between siblings, or calling a child “stupid,” or “fat” or “ugly” or “a loser.” It can be mocking or holding a child up to shame, embarrassing her in front of her friends or even strangers. It can also include abandonment or threat of abandonment. Especially for young children, having a parent threaten to leave them some place, like a bus station, can be highly traumatizing. If you have had this experience, it can be the source of many of the negative internal messages that replay in your mind.

Emotional and verbal abuse often accompanies other forms of family violence and child maltreatment. Some adult survivors recount how their mothers or fathers made them feel responsible for the abuse that was inflicted upon them. These children often end up in abusive relationships as adults. As happened in childhood, these abusers may also blame their victims for the abuse. “If you would just keep the house clean, I wouldn’t have to do this.” Women in currently abusive relationships may have internalized these messages to such an extent, that they stay since “no one else would want them.” Especially devastating is when girls are told that they are responsible for “seducing” someone who sexually abuses them.

Unfortunately, many forms of emotional abuse also pass for “humor” in a family. Some parents find saying degrading things to be funny. Even some so-called family movies have very ugly examples of verbal and emotional abuse (The opening scenes of the movie *Home Alone* are an example). Sometimes, this type of abuse is perpetrated by parents. Other times, it is brothers and sisters. In most families, siblings will name call and tease. But as parents, we can either tolerate it or not.

A particularly heinous form of emotional abuse is when the abusive parent or sibling hits, tortures or kills a child’s beloved pet. Researcher Frank Ascione, of Utah State University, has done groundbreaking research in this area. He started by talking to women in battered women’s shelters, and found the issue of pets to be very important in a number of ways. First, he found that women often stayed in battering relationships because they feared for the life of a beloved cat or dog. Second, when a pet was killed, it was often this event that made the women finally leave. And finally, he found that for women and children, watching their pets suffer was one of the most traumatic aspects of their entire abuse experiences.

## **Parental Substance Abuse or Mental Illness**

There has been much written in recent years about adult children of alcoholics. Families where there was substance abuse and mental illness bring many unique issues to bear. Children of alcoholics or substance abusers, especially the oldest girl, often find that they are the “little adults” in the family. If your parents were substance abusers, you

may have been responsible for meeting your parents' emotional needs rather than the other way around.

You may have also had to provide for the other children in the family, being the one who made sure that there was food in the house, and that your brothers and sisters had adequate clothing, and did their homework after school. You might find that you are still taking care of lots of other people, and that it's never reciprocal. Not surprisingly, parental substance abuse can increase the risk for physical or sexual abuse as well. This is not to say that alcohol or drugs *cause* parents to abuse. But they can lower inhibitions and allow behaviors that might not have occurred in a sober state.

Depression too can increase not only neglect but physical abuse. Recall that we talked about the two types of interaction style that depressed mothers exhibit: avoidant and angry-intrusive. The angry-intrusive style is related to the risk of physical abuse; the interactions these depressed mothers have with their children tend to be hostile, and the mothers themselves exhibit a lot of anger. It doesn't take too much imagination to see how a mother or father who is depressed may cross a line and physically abuse a child. Depression also explains why women who are sexual abuse survivors are more likely to physically abuse or neglect their children than they are to sexually abuse.

Substance abuse and mental illness are also related to failure to protect. A parent who is often high, drunk or incapacitated may not be able to adequately keep children safe. They may bring people to their homes that abuse their children. Mary was raised by an alcoholic mother. She was beaten on several occasions by men that her drunk mother brought home. Substance abusing parents may also provide their children an early introduction into alcohol or drugs either by having them widely available, or by even encouraging their use!

### **Children Witnessing Domestic Violence**

The newcomer to the family violence field is the study of children witnessing domestic violence. Children who have watched a parent, usually their mother, being beaten often show many signs of disturbance, even if they themselves were never actually abused. Catherine Koverola, of the University of Southern California, recently found that children who had witnessed their mothers being beaten had symptoms that were the same, or even worse, than children who had been sexually abused. In the case of domestic abuse, staying together "for the sake of the children" is a disaster.

The amount of domestic violence that children witness ranges from fairly mild to very severe. Some children have even witnessed their fathers killing their mothers. Child witnessing also tends to co-occur with other forms of maltreatment. For example, abusive partners may also abuse their children. There may be emotional abuse, substance abuse and mental illness. Depression in abused partners and children is particularly likely. Witnessing domestic abuse is also related to passing family violence down to the next generation. I know one particularly pathological family. All four children witnessed their mother being beaten. The two boys grew up to beat their wives, and the

two girls both married or lived with a series of abusive men. As the parents got older, the children would, on occasion, hit them too. Not surprisingly, both parents, and all four children, were substance abusers as well.

### **Prolonged Separation/Parent Illness or Death**

Difficulties in childhood may also have nothing to do with family dysfunction per se, but may be due to prolonged separation from parents. You may have experienced separation from your parents because of political strife, natural disaster, illness or death. The effects of these events on you are similar to those who have suffered abuse within their families.

If you were ill as a child, you may have been separated from your family and forced to undergo invasive and painful procedures. Children who have had multiple hospitalizations are at increased risk for depression and traumatic-stress reactions. We're now realizing that even adults who endure painful treatments, such as stem-cell replacement, can suffer post-traumatic symptoms. These procedures are often worse for children, especially if they occurred in an era where parents were routinely separated from their sick children. Suzanne describes how her experience of forced separation from her family at age five influenced choices she made as a mother.

Many times we don't know why we feel so strongly on an issue, like parenting. I never really thought about why I chose to give up a promising career and stay home with my three children. It was made easier since it was economically feasible for us. But, later as I thought about my own mostly happy childhood, I am still saddened by the one dark time I encountered.

When I was 5 years old, I contracted Polio and was separated from my family for almost a full year in two separate hospitals. In the first hospital, I was allowed visitors after the first few weeks (once I was out of total isolation). But, this didn't last long and my visitors disappeared after I was transferred to the State Hospital for Crippled Children, where there was little visitation allowed even for parents.

We girls were in a large room and had little, if any, contact with each other. I don't remember one nurse or aid who took care of us there. I do remember the routines and getting food to eat, but don't remember even one person who was there. We were allowed occasional family visits, but only every other Sunday for two hours. It was just not enough time to get rid of those fears of abandonment. I knew deep down in my heart that I would go home, but was still fearful since I didn't have any idea when. It still haunts me today as I feel for that scared little girl. Life was wonderful when I did get my brace and learned to walk with it, and was sent home. One of the neighborhood kids made a terrific paper crown for me to wear for a party in honor of my homecoming. I felt like I had won "Queen for a Day!" It was so good to be home, at last.

Sometimes, an ill mother or father can change family dynamics and lead to some difficulties for the children. For many years, we've known that children whose mother

dies, especially before age 13, are at increased risk of depression throughout their lives. We have all assumed that this reaction is due to grief. That is certainly part of the answer. But there may also be something else going on. Researchers are now wondering if children's reactions could also be due to inadequate care prior to their mothers' deaths (Bifulco, Harris & Brown 1992). If your mother died during your childhood, you may have found it necessary to be the caregiver while you were still young. While this is understandable, it still could be influencing how you feel.

### **Long-Term Effects of Past Abuse**

While not everyone who experiences child maltreatment shows symptoms, the effects of childhood abuse can continue well into adulthood. Below, I summarize some of the effects you might have experienced, or are experiencing now. Sometimes, the experience of parenting your own child will bring back memories or make these past experiences very vivid. The long-term effects of past abuse can also affect your psychological and physical health, both of which can influence how you mother your own children.

Sometimes children show very functional coping behaviors in childhood (such as seeking the assistance of a supportive adult), and do not become symptomatic as adults. Other times, their coping abilities are less positive but still serve an important function during childhood. Symptoms adult survivors manifest are often "logical extensions" of dysfunctional coping mechanisms developed during childhood (Briere & Elliot 1994). While these dysfunctional behaviors may have helped you cope with ongoing abuse, they often have a negative impact on adult functions. Researchers John Briere and Diana Elliot have divided long-term effects into six domains of functioning. It's a helpful framework to consider long-term effects. I add a seventh domain (physical health). These are described below.

### **Post-traumatic Stress Disorder (PTSD)**

Many adult survivors of physical, sexual or severe emotional abuse show symptoms of PTSD. The diagnosis of post-traumatic stress disorder came about as a result of clinicians working with Vietnam veterans. It has since been applied to many other types of traumatic events as well. To receive a formal diagnosis of PTSD, there must be a discernible traumatic event, such as past sexual abuse. And there must be the following symptoms:

- 1) frequent re-experiencing of the event via nightmares or intrusive thoughts,
- 2) numbing or lack of responsiveness to or avoidance of current events, and
- 3) persistent symptoms of increased arousal including jumpiness, sleep disturbance or poor concentration .

Briere and Elliot note that many abuse survivors have symptoms of PTSD, even if they do not meet full diagnostic criteria for a formal diagnosis. For example, they estimate that 80% of sexual abuse survivors have some post-traumatic symptoms. These symptoms include hyper-vigilance, intrusive thoughts, and flashbacks.

Flashbacks can be triggered by a variety of stimuli including current abuse by another adult, talking to someone else about your abusive experiences, or learning of the abusive experiences of others. They can also be triggered by tactile or sensory stimuli associated with the abuse such as smells (e.g., the scent of a particular cologne), tastes, textures or sounds.

For some adult survivors of child sexual abuse, birth experiences can trigger flashbacks. Possible triggers related to birth include physical pain, callused treatment by caregivers, loss of control, or the perineal pressure of second-stage labor. As noted in one qualitative study, birth can suddenly revive memories of sexual abuse that seem as if it was happening right then (Rhoades & Hutchinson 1994).

Childhood abuse can also increase your vulnerability to stresses you may experience as an adult. In one study, Vietnam veterans who had been physically abused as children were significantly more likely to develop post-traumatic stress disorder (PTSD) after combat than were veterans who had not been abused as children (Bremner, Southwick, Johnson, Yehuda, & Charney 1993). These findings were true even when comparing veterans who had had the same amount of combat exposure.

What this means for you is that a previously abusive experience, of whatever type, may increase your risk for having a traumatic-stress reaction to something that happens to you in adulthood. Experiences that could trigger this reaction include being mugged or assaulted as an adult, having a frightening birth experience, or having someone in your family (including you or your child) become seriously ill.

### **Cognitive Distortions**

If you have experienced abuse in childhood, you may see the world as a dangerous place. Because you have been powerless in the past, you may be highly fearful and overestimate danger and adversity in your current environment. You may also underestimate your own sense of self-efficacy and self-worth in dealing with both real and perceived danger, and feel that there is nothing you can do. You may feel powerless to protect and provide for your children. Cognitive distortions can also influence what you think about your baby and child. In one recent study, mothers who had been physically abused had significantly more negative thoughts about their babies than did the comparison mothers, who had not been physically abused (Gara, Allen, Herzog & Woolfolk 2000). These distortions can contribute to your emotional distress and increase your risk for depression.



## Emotional Distress

Another category of symptoms is emotional distress including depression, anxiety, and anger. Depression is the most commonly reported symptom of past abuse. Adult survivors have a four-time greater lifetime risk for a major depressive episode compared with adults who have not been abused or neglected (Johnson, Cohen, Brown, Smailes & Bernstein 1999). Some of this vulnerability to depression has a physiological basis. Severe or chronic stressors may alter the way that your brain handles stressful events, leaving you more vulnerable to depression when confronted with a current life stress (Weiss, Longhurst & Mazure 1999).

Adult survivors are also at-risk to experience anxiety disorders, panic disorders, phobias, and obsessive-compulsive disorder (OCD). These anxiety-related symptoms are frequently associated with PTSD responses and cognitive distortions. Anxiety can be made worse by a negative birth experience, or by having a baby who is premature, ill or disabled. These birth-related experiences, or on-going illness of your children, may make you very fearful.

Anger, another symptom of emotional distress, includes chronic irritability, rage, and difficulties in expressing anger in a constructive way. Survivors may suppress their anger to such an extent that they feel they have no right to be angry with their partner, co-workers, friends or children. These suppressed feelings may eventually explode. Anger has obvious implications for parenting and other relationships.

Claire describes how her molestation as a child affected her ability to mother her son. In the immediate postpartum period and for the first year, she felt overwhelming sadness and grief. Later, she found herself feeling very angry. Her story begins with her follow up visits to her midwife.

Over the next days and weeks, I had several follow up visits. Some were routine, but a few were because I just had a lot of trouble breastfeeding. Then too, I was glad of the contact with the midwives because I just couldn't stop crying. I felt bursting with pride at this incredible thing I'd done, and yet all I could feel when I looked at that perfect little one was grief, grief, grief. I could not understand it. The emotions were so intense that I could not sort them out or make them calm down. I thought the tears would simply never leave me. I thought I'd float away, and he would miss his mama, but he would not be able to find me because it would all have gone blank as soon as I finally wore out my ability to tolerate the intensity of the grieving pain.

Eventually I wore out. I wouldn't say I felt peaceful. I just felt like a dry autumn leaf. Resigned. Powdery. Lightweight. Just waiting to blow away or disintegrate. And, by turns, I began to feel normal things too. Like fatigue, humor, boredom, longing for grown-ups to talk to, longing to go to work again, longing for a babysitter. Reassuringly normal feelings.

It is true that there was a sort of gap between how I'd envisioned myself mothering and how I was managing in reality. But I think this is normal. I felt normal.

Until my boy started to get on toward a year or more. There came that time when they start to have a will of their own, and they sometimes cry in anger, asserting themselves. And it terrified me. I had to get him to stop. When he out and out cried like that I'd fill with adrenaline as though my life were in danger—as though his life were in danger. It all became very confusing. I was afraid I'd hit him or shake him to get him to stop it, so I'd find myself sitting outside on the front stoop while he wailed in the safety of his crib. I prayed that the social worker who lived across the street wouldn't turn me in for neglecting my baby. But we were safer if I got outside where the piercing cry was muffled for me.

Other things start being obviously 'not right' then too. I sometimes would cry uncontrollably and feel nauseated. I'd spend whole days lying on my bed the whole time he was at daycare instead of working. I felt the gap between how I wanted to be with him and how I seemed to be as a mother widening. And then came some way, way stronger than usual reactions to things that were related to memories of being molested. Adrenaline rushes and strange sensations and panic and dread. I started to feel as though I was 'losing it'. Or worse. Maybe I was becoming mentally ill, like my mother.

### **Impaired Sense of Self**

Women who have experienced childhood abuse often have an impaired sense of self. You may use the reactions of others to gauge how you are feeling about a particular situation. Because of this, you may be gullible and easily manipulated by others. You may be unable to establish appropriate boundaries, even with your children, and are often the caretaker of others within your network of friends and family. An impaired sense of self can also increase the risk of revictimization including rape or domestic abuse. Finally, you may have difficulty asking others for help, gathering a support network or taking advantage of support that is available. This can have direct implications for your emotional well-being and your ability to mother.

### **Avoidance**

Avoidance is another long-term effect—one that is at the heart of many of the more serious symptoms. Avoidance symptoms can occur because they help you cope by temporarily reducing emotional pain. The first type of avoidance is dissociation. Dissociative symptoms often first appear during childhood, when they become a way to "escape" from abuse or pain. Adult survivors often describe how they were able to numb body parts at will, or how they would "watch" the abuse from above their body. Some mothers can still use dissociation to cope with uncomfortable feelings of intense contact with their babies or children. Dissociation gets to be a problem, however, when they have no control over when this happens.

Numbing of body parts, and other types of dissociative reactions, can also take place during birth. In a qualitative analysis of adult survivors during labor, Rhoades and Hutchinson describe how some of the women they studied would remove themselves mentally and emotionally from labor. These women appeared to have “easy” labors in that they did not cry out or indicate that they were experiencing a great deal of pain. However, the nurses and midwives who attended them were concerned because the mothers appeared to be “absent” from their bodies. These types of dissociative responses may also be present when a mother breastfeeds.

Claire’s story continues. She describes her experiences with dissociation and body memories, as she came to terms with her abuse experiences.

It was time to go back to see that therapist who had helped me process the initial flashbacks of being molested at camp.

I did not know then that that decision was the first step on an odyssey of remembering and adapting and growth that has run right alongside all the other events of my life over the past several years. I understand now that when I was my baby’s age, crying like that...well, it WAS dangerous. Little by little flashbacks and body memories and emotional memories have come up to the surface enough for me to learn about my history what I need to know to heal. And what I need to know to mother my son.

The four months of pregnancy nausea makes perfect sense to me now. So do the endless contractions. I understand them as body memories and expressions of distress and anxiety, which came from a place in my knowledge of my life where there were no words. And ‘going away’ from the labor pain when I found myself in that awful position again...it was a well-practiced form of self-protective dissociating. And the ceaseless feelings of grief during the pregnancy and postpartum? That makes sense to me if I understand it as being ‘triggered’ by the feelings of bonding with my baby. I had long ago turned off all intense emotion because usually it was bad: terror, despair, and loss. So when the feelings of maternity started raging around in me, those wonderful feelings that seem to make so many other women ‘glow’... they made me wail with grief. It got all mixed up. Who is the baby/Who is the mother? Which role am I feeling? I feel motherlove, and it zaps me into feeling babyneed. Round and round. So much loss.

Amnesia for abuse-related events is another type of avoidance response. Not everyone experiences amnesia, but many do. Linda Williams, of Wellesley College, conducted a prospective study of adult survivors who had been treated for sexual assault in an emergency room of a large urban hospital during the 1970s. When she re-contacted these women 20 years later, she found that 38% of the women she interviewed—all of whom had confirmed and documented sexual abuse experiences--had experienced total or partial amnesia regarding their abuse experiences. If you have large blocks of your childhood that you cannot remember, you may have had a traumatic experience in your

life. It is normal to remember back to ages three or four. When someone tells me that they cannot remember anything before the age of 13, for example, it is invariably a sign of some type of major childhood trauma. Gwen describes how memories of her abuse experience came flooding back once her child reached the same age she was when her abuse began.

The first time I had issues with my abuse and raising my son was when he was five. This was the same age when I remembered my abuse beginning. I freaked out the whole entire year. I was afraid to give him a bath or touch him in anyway. I would have thoughts about abusing him. At this time, I was individual therapy, and there I learned that all this was normal as long as I did not act on it. I believe if I ever get to that point I will commit myself somewhere for help.

Some of the more serious symptoms related to avoidance are substance abuse, compulsive high-risk sexual activities, eating disorders, and self-injurious behaviors. Not surprisingly, women who have had abuse experiences as children are more likely to abuse substances, engage in dangerous sexual liaisons, have eating disorders and injure themselves—including multiple suicide attempts. All of these behaviors can endanger you and your children. If you are having trouble with any of these, it's important to seek professional mental health treatment immediately.

### **Interpersonal Problems**

Adult survivors of past abuse may also experience difficulties in relationships with others. These difficulties can influence your relationships with partners, friends, members of your family of origin, and your children. Evvie Becker-Lausen and Sharon Mallon-Kraft describe two dysfunctional interpersonal styles that they characterize as “pandemic” outcomes of past abuse. Adult survivors may adopt an *avoidant* style, which includes low interdependency, self-disclosure and warmth, leading to few interpersonal ties. Or they may adopt an *intrusive* style, which includes extremely high needs for closeness, excessive self-disclosure and being smotheringly warm. We could call the intrusive style “codependent.” The intrusive style is overly demanding and controlling. Interestingly, both styles result in loneliness. (You’ll also notice that the two styles are very similar to those of depressed mothers.)

Past abuse influences adult relationships. In a sample of incest survivors, those not in stable or secure relationships as adults were more likely to be depressed (Alexander, Anderson, Brand, Schaeffer, Grelling & Kretz. 1998). Past abuse can influence your ability to trust others, make friends, and have relationships that are not exploitive. Adult survivors are often isolated and are less satisfied with their relationships than adults who were never abused. If you are an abuse survivor, you may find it difficult to find an adequate support network to help you cope with the stresses of parenting.

### **Sidebar: Will You Abuse Your Own Kids?**

A question I'm often asked is whether adult survivors are likely to abuse their own children. In a review of the literature, Anne Buist notes that many of the factors that make adult survivors vulnerable to depression, also increase their risk of abusing their own children (Buist 1998). From my review of past studies, I find that adult survivors are at increased risk for abusing their children, but that it is far from inevitable.

Researchers have identified three *protective mechanisms*—factors that kept mothers from abusing their own children. These were as follows:

- 1) emotional support from at least one non-abusive adult during childhood,
- 2) participation in therapy at some point, and
- 3) a stable, satisfying relationship as an adult.

Mothers with one or more of these protective factors were able to break the cycle of abuse (Egeland, Jacobvitz & Sroufe 1988; Zuravin, McMillen, DePanfilis & Risley-Curtiss 1996).

### **Physical Health Problems**

The symptoms discussed so far have been related to emotional and mental health. Childhood abuse and trauma can have a fairly dramatic effect on physical health as well. Women who have experienced traumatic events go to the doctor more, report more health symptoms, and in our study, had surgery twice as often as a comparison group who did not report past abuse (Kendall-Tackett, Marshall & Ness 2000). We also found that abuse survivors were more vulnerable to stress-related illnesses, such as diabetes. Fatigue and weakness were also common (Kendall-Tackett & Marshall 1999).

Chronic pain was one of the most commonly reported symptoms. The flood of stress hormones after a traumatic event sensitizes the body, and actually appears to lower the pain threshold, making sensations more painful. Pain syndromes related to past physical or sexual abuse are irritable bowel syndrome (IBS), chronic pelvic pain, frequent headaches, and fibromyalgia (Kendall-Tackett 2000).

### **Sidebar: Differences in Response to Past Abuse**

Some people are deeply affected by past abuse, whereas others seem to show no symptoms at all. Your reaction could be anywhere in between. Not everyone who has experienced abuse will be traumatized. Researchers have identified several factors related to more severe reactions.

In general, abuse will be more harmful if the abuser was someone you knew and trusted. Your emotional attachment to the perpetrator and sense of betrayal can be more important predictors of harm than whether they are related to you.

Another important factor is severity of the abusive acts. For sexual abuse, severity is defined by whether the abuse experiences included penetration (oral, vaginal or anal). For physical abuse, severity is described in terms of damage and degree of injury: the more severe the abuse, the worse the injuries. For neglect, severity is described in terms of the degree of deprivation.

Abuse that occurs often and lasts for years will typically be more harmful than abuse that happens only sporadically and over less time. The exception is the one-time violent assault (Kendall-Tackett, Williams & Finkelhor 1993). Not surprisingly, use of force has been shown to increase the severity of reaction to sexual abuse. Force may be more likely in a stranger and/or one-time assault, but this is not always true. While all sexual abuse is, by definition, non-consensual, sometimes the abuser will use trickery or mental coercion, rather than force, to gain compliance. In other situations, the abuser will hit, assault, or physically restrain his victim. Victims who experience this type of abuse are more likely to have symptoms, as are victims who have experienced multiple types of abuse.

### **What You Can Do**

Past abuse can influence every area of your life, including how you mother your children. But there is hope. There is much you can do to heal. Your past does not have to rule your future.

#### **◆ Should You Just “Get Over It”?**

For many years, the prevailing wisdom encouraged trauma survivors to “just forget about it.” This advice still exists today, in the form of the flippantly delivered admonition to “get over it.” But is that advice effective? Holocaust survivors are often used as examples of people who experienced horrifying events, and yet put their pasts behind them. At first, they seemed to function well. However, as these same survivors are now hitting the milestones of middle- and old-age, we find that their experiences are starting to haunt them. In a fascinating paper, researchers noted that as Holocaust survivors in their study aged, they had more difficult experiences of children leaving home, retirement, and illness. The survivors had worse experiences of cancer. They had more pain. Hospitalizations were more traumatic. They experienced even political events, such as bombing during the Gulf War, more keenly than those who had not gone through the Holocaust (Kruse & Schmitt 1999). The researchers noted that as they aged, their level of busyness decreased, allowing these memories to surface again.

In my community, I’ve been struck by the number of women who have experienced difficulties from past traumatic events around peri-menopause. Of course, their medical care providers have attributed this to hormones. And there may in fact be a

physiologic basis for some of these symptoms. But another explanation is possible. As childcare needs were becoming less intense, memories of traumatic events came back in force. The women were no longer busy enough to block out their memories. In sum, the “get-over-it” strategy appears to work only temporarily, which leads me to my next suggestion.

### ◆ **Process Your Experience**

In order to have closure, you must find a way to process your experience. You might consider is seeking professional therapy. Participating in therapy was one of the factors that prevented people from abusing their own children. Therapy can be either individual or in groups. Be sure to seek out someone who has experience treating past abuse. State psychological associations can often give referrals. It’s also important to find someone you like and have rapport with. Sharing your secret with someone can be remarkably healing in and of itself.

One area to specifically address in therapy is the presence of cognitive distortions. Negative self-talk probably started during your abuse experience. You may have internalized messages about being stupid, lazy or dirty, and these thoughts could be influencing you today. Much of the harm that comes from past abusive experiences is directly related to what you tell yourself about it.

Another way to process traumatic events is through writing. The research of James Pennebaker demonstrates the powerful healing effects of expressing emotions in writing. Many of the men and women in his studies went through experiences similar to yours. Once they wrote about their experiences for a certain amount of time, they were able to put their traumatic pasts behind them. This resulted in measurable improvements in psychological and physical health. If you want to give journaling a try, I’d encourage you to get his book, *Opening Up*, since it has many specific suggestions to help you get the most out of this activity.

### ◆ **Get Support**

This is another time when having the support of others who have gone through similar experiences can be important. The process of recovery from traumatic events can take a long time. It’s helpful if you have people in your life who understand that, and will give you the space to heal.

Support is especially important if you are irritable, withdrawn, or having difficulties controlling your anger. All of these can be symptoms of depression, a common occurrence among adult survivors. If you feel like lashing out at your child, or are feeling detached, you need to find someone to help you through these times. Be realistic about how much responsibility you take on. You may feel resentful when your children don’t appreciate all the hard work that you are doing on their behalf, or how much better their childhood is than yours. When you are in danger of blowing your top,

call someone. Most cities have “warmlines” or chapters of Parents Anonymous. These numbers are in the front of your phone book. Have them handy for when you need them.

You might also consider seeking out one or more mothering mentors. Many times, adult survivors have no idea how to parent since their own upbringing was so difficult. We all tend to parent as we were parented. Many have joked about opening their mouths, and hearing their mothers’ voices come out. If you want to break the cycle of abuse, find someone who can help.

### ◆ **Special Considerations for the Breastfeeding Mother**

Adult survivors of physical and sexual abuse face additional challenges when they breastfeed. The intense physical contact of breastfeeding may be very uncomfortable for you. You might find breastfeeding painful because your abuse experience lowered your pain threshold. The act of breastfeeding may also trigger flashbacks. There is a whole range of possible things that might be uncomfortable for you.

Some mothers I’ve spoken with breastfeed because they think it’s best for the baby, but they hate it the whole time. Other mothers find that the breastpump makes them very uncomfortable. I sometimes meet mothers who have no boundaries with regard to breastfeeding, and feel that they must do whatever their children want, even if it makes them cringe.

Several years ago, I gave one of my first talks on breastfeeding and the sexual abuse survivor. The next day a young woman approached me who had breastfed three children, two of whom were still nursing. She asked me if she would ever like it. I truthfully didn’t know how to answer. I knew enough not to give a flippant “oh sure you will,” but beyond that I really didn’t know. Since that time, many other mothers have told me that while it was never great, breastfeeding became more tolerable over time.

If you are an abuse survivor who is struggling with breastfeeding, I have some specific suggestions. First, try to figure out what situations make you feel uncomfortable. Is it nighttime feeding? Is it your baby touching other parts of your body while nursing? Is it latch on? Second, now that you have identified some problem areas, try to make them better. If skin-to-skin contact is bothering you, can you put a towel between you and the baby? Can you avoid the feedings that make you uncomfortable (nighttime feeding are often a good candidate)? Would you be more comfortable if you pumped and feed your baby with a bottle? Can you hold your baby’s other hand while nursing to keep him from touching other parts of your body? Can you distract yourself while nursing with TV or a book (many mothers have told me that this works well for them)? Experiment and find out what helps.

And third, remember that some breastfeeding is better than none. You may not be able to fully breastfeed, but every little bit helps. Even if you must pump milk and use a bottle; even if you are only nursing once a day. If you are finding yourself feeling rage while nursing, it’s probably better for you and your baby if you stop. Mothering is not



about martyrdom. If breastfeeding is something you loathe, don't do it. Remember too that you don't owe other people an explanation for the choices you make. As I mentioned in the introduction, it's none of their business (tell them I said so).

#### ◆ **Set Some Boundaries**

As a child, you had others violate your boundaries over and over. Now that you are an adult, you may have difficulties saying no to others. This may happen with your children, your partner or other adults. Our culture pressures all mothers to do too much. But abuse survivors often have a double portion since they are unable to place reasonable limits on how much time and energy they give to others. Learning to set boundaries can have a major impact on the quality of your life.

#### ◆ **Visualize Your Capacity for Wellness**

I started in the family violence field in 1983. At that time, I was an intern at one of the first treatment programs in the country for incest survivors. Many of the men and women there were very symptomatic, having endured the most extreme forms of abuse. During a training session, one of the senior clinicians said something that I never forgot. She said that we must always see the capacity for wellness in our clients. We must see this, and communicate it them. The therapist who said this had seen people with very severe manifestations of past abuse. And yet she was able to hold out this hope.

Your experience of childhood abuse has most likely had an impact on you. But what started as a difficulty can be turned into a strength. Adult survivors have reported that eventually good came from their experiences (McMillen, Zuravin, & Rideout 1995). They described how their abusive pasts made them more sensitive to the needs of others. Many felt compelled to help others who had suffered similar experiences.

#### **Conclusion**

Reactions to past abuse vary from person to person. The experiences of some survivors are relatively mild, while others experience severe reactions. Even when the experience was severe, however, there is hope for healing. Life can be good. You can indeed become strong in the broken places.

#### **For Further Reading**

*There are many good books on the market to help you overcome the negative effects of past abuse. You are not alone.*

#### **RESOURCES FOR PROCESSING YOUR TRAUMATIC EXPERIENCE**

*This is a small sampling of materials that are available. Most of the books available are for survivors of sexual abuse. But there are also books on other types of maltreatment and family dysfunction as well.*

- Bowden, J.D., H.L. Gravitz, & S.W. Cruse. 1987. *Recovery: A Guide for Adult Children of Alcoholics*. N.Y.: Fireside.
- Copeland, M.E. & M.Harris. 2000. *Healing the Trauma of Abuse: A Women's Workbook*. Oakland, Calif.: New Harbinger.
- Courtois, C.A. 1996. *Healing the Incest Wound: Adult Survivors in Therapy*. N.Y.: W.W. Norton.
- Matsakis, A. 1996. *I Can't Get Over It: A Handbook for Trauma Survivors*. Oakland, Calif.: New Harbinger.
- Matsakis, A. 1998. *Trust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them*. Oakland, Calif.: New Harbinger.
- Pennebaker, J.W. 1997. *Opening Up: The Healing Power of Expressing Emotions*. N.Y.: Guilford Press.
- Salter, A.C. 1995. *Transforming Trauma: A Guide to Understanding and Treating Adult Survivors of Child Sexual Abuse*. Newbury Park, Calif.: Sage Publications.
- Seixas, J.S. & G. Yoncha. 1986. *Children of Alcoholics: A Survivor's Manual*. N.Y.: HarperTrade.
- Sperlich, M. *Survivor Moms Speak Out*. Mickey Sperlich is a midwife in Michigan who has been compiling a book for mothers who are abuse survivors. The book was still in progress as I went to press, but she said readers could contact her for ordering information. New Moon Midwifery e-mail: [newmoonmid@aol.com](mailto:newmoonmid@aol.com)

**Web Sites for Information and Support for Past Abuse**

Adult Survivors of Child Abuse

[www.ascasupport.org](http://www.ascasupport.org)

Healing Journey: Chat Rooms for Adult Survivors of Trauma and Abuse

[www.healing-journey.net](http://www.healing-journey.net)

National Center on Child Abuse & Neglect

[www.calib.com/nccanch](http://www.calib.com/nccanch)

Rape, Abuse and Incest National Network

[www.rainn.org](http://www.rainn.org)

**Web Sites for Adult Children of Alcoholics**

Adult Children of Alcoholics World Service Organization

[www.adultchildren.org](http://www.adultchildren.org)

Children of Alcoholics Foundation

[www.coaf.org](http://www.coaf.org)

National Association for Children of Alcoholics

[www.nacoa.net](http://www.nacoa.net)

**Web Sites for Domestic Violence**

National Organization of Victim Assistance

[www.try-nova.org](http://www.try-nova.org)

Safe Horizon—Domestic Violence Shelter Information Site

[www.dvshelkertour.com](http://www.dvshelkertour.com)

The Women Abuse Links Page

[www.womanabuseprevention.com](http://www.womanabuseprevention.com)

**BOOKS ABOUT PSYCHOLOGICAL TRAUMA IN GENERAL**

*These books are great to read if you want a broader understanding of psychological trauma in general. You may be surprised (and reassured) to discover that many of the emotions you are experiencing are predictable and normal for people who have experienced negative or stressful life events.*

Briere, J.N. 1992. *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Newbury Park, Calif.: Sage Publications.

Herman, J.L. 1992. *Trauma and Recovery*. N.Y.: Basic Books.

Figley, C. 1985. *Trauma And Its Wake: The Study And Treatment Of Post-Traumatic Stress Disorder*. N.Y.: Bruner/Mazel.

Figley, C. 1986. *Trauma And Its Wake: Vol II. Traumatic Stress, Theory, Research And Intervention*. N.Y.: Bruner/Mazel.