Child and Adolescent Sexual Abuse and its Relationship to Substance Use as a Consequence of a Complex Trauma

Alexandra Membrive

President of Asociación El Mundo de los ASI

Abstract

This article examines the correlation between child and adolescent sexual abuse and the addiction of toxic substances in adolescence or adulthood as an indicator of the genesis of trauma. In the analysis between the two variables, the importance of evaluating and designing a comprehensive approach to traumatic sexual violence for the treatment of drug dependent patients is extracted, for which specific training is recommended for professional teams.

Resumen

El presente artículo examina la correlación entre el abuso sexual infantojuvenil y la adicción de sustancias tóxicas en la adolescencia o adultez, como indicador de la génesis del trauma. En el análisis entre las dos variables se extrae la importancia de evaluar y diseñar un abordaje integral de violencia sexual traumática para el tratamiento de pacientes drogodependientes, por lo que se aconseja una capacitación específica a los equipos profesionales.

Keywords

Child and adolescent sexual abuse; impact; disenfranchised grief; trauma; problematic substance use.

Palabras claves

Abuso sexual infantojuvenil; consecuencias; disenfranchised grief; trauma; abuso de sustancias tóxicas.

Children and adolescents are a treasure to humanity, a treasure that should be protected by society with compassion and care. However, the taboo that surrounds the sexual violence they may experience is reflected in our collective silence. It is estimated that 1 in 4 females and 1 in 6 males will suffer sexual violence during childhood and/or adolescence (Pereda, Abad and Guilera, 2015; Segura, Pereda, Abad and Guilera, 2015). We are thus facing a patriarchal violence of pandemic proportions, entrenched in our social structure and associated with the objectification and invisibility of children and adolescents. In addition, most of this abuse is committed in the victim's trusted environment, i.e. their families – whether within the family unit itself, or to a lesser extent, at the hands of close relatives and persons having authority, including family and friends, the school or the Church.

Adultcentrism is responsible for a false belief based on the old mantra that childhood should be *a happy period*, whereas this fictitious, hidden and repressive assumption only serves to camouflage reality. This reminds me of a quote from Saint-Exupéry (The Little Prince, 1946): *"All grown-ups were once children, but only few of them remember it".* According to De Mause (1994), evidence from the psychohistory of childhood indicates that this period of life has often been experienced through terror, neglect, and emotional, physical and sexual abuse. It becomes therefore apparent that the history of humanity is grounded in the abuse of childhood and adolescence in a society that is characterized by emotions and psyche control, and the objectification of dependent people in the course of their development. Family members can be the perpetrators of incestuous relationships; these selfsame relations generate a rigid code of silence and have, for millennia, either been kept hidden or normalised through arrangements with the victim's family. Historically, child abuse was even a staple of ancient Greek and Roman comedies, where these supposedly funny scenes already reflected the ordeal suffered by boys and girls as a consequence of androcentrism.

Etymologically, the word democracy stems from the Greek "demos" signifying people and "kratos", power (Dahl, 2022). From the perspective of child sexual abuse, the normalisation of violence was conveyed by the Greek's burgeoning democracy, where newly developed rights used to exclude women, children and adolescents, and slaves. A patriarchal society was thus established, where children and youth had no voice, where men had full authority over their wives and offspring through domination, power and violence. There is no doubt that this is a collective pretence designed to hide the sexual abuse suffered by children and youths from social conscience in order to brandish the unity of family and the false belief of a happy childhood. In addition, sexual aggression committed by men is considered to be biologically determined, rather than a domination-based, learned behaviour.

In Bulfin's (2021) study, one of the myths society needed was that of the perpetrator viewed as an unknown monster – an idea that emerged in Victorian England in the late 19th century. In this sense, perpetrators were characterised as outsiders alienated from their families and even from our common humanity, because imagining that child abuse and neglect could happen within their own communities and families would have been utterly unsupportable.

At the time, the Victorian code of morality made it difficult for scientific or journalistic papers to address the scourge of child sexual violence and the harm suffered by children – and the situation drags on to his day – thus establishing a social and professional taboo with regard to crimes against children's and adolescents' sexual integrity and freedom. At the same time, Victorian gothic literature used dark metaphors to fabricate the monster's preternatural figure and cover up the social problem – a distraction that only served to exonerate society and, most of all, allow the heteropatriarchal system to continue with the cycle of abuse and its dynamics.

Sexual violence against children and adolescents is an abuse of power, that is, a perverse conduct induced by the heteropatriarchal and adult-centred system, which silences the victims and survivors; it is therefore important to focus on the powerful asymmetry between the perpetrator and the victim,

the betrayal of the victim's trust in the face of a complex trauma and the silence imposed by the perpetrator to avoid that the crime be brought to light, and therefore, so that it can be reproduced *ad vitam aeternam*

According to one of its earliest definitions, by the National Center on Child Abuse and Neglect (1978) and still in use today:

"Child sexual abuse is any interaction or contact between a child or young person and an adult with a position of power over them, in which they are used for the perpetrator's or observer's sexual stimulation. Sexual abuse can also be committed by a person under the age of 18, when they are significantly older than the victim or when they are in a position of power or control over another minor".

Over the years, a number of other definitions have been developed, however it is worth mentioning a study by Murillo (2020), a survivor of child sexual abuse, Doctor of Philosophy and Executive Director of *Fundación Para La Confianza* in Chile, who developed, based on his experiential and professional experience, a broader definition which aims to apprehend the complexity of the dynamics of abuse:

"Child sexual abuse is any act and process of acts, in which a child or adolescent is exposed to or involved in any sexualised activity, using the asymmetry of authority, trust, dependency (affective, social or economic), power, force, fear, culture, understanding capacity, need, or other vulnerabilities, and by manipulating, deceiving, eliminating or vitiating consent. These acts may include, but are not limited to: genital touching; oral, vaginal or anal penetration, with penis, fingers or other objects; touching of other erogenous body parts; enticement to touch others; masturbation; voyeurism; exposure to sexual situations; pornography; abuse; rape; grooming actions, tactics and strategies (whether in-person or online); in addition, silencing and discrediting the victim and those around them are also part of the sexual abuse process".

Trauma is defined by any disturbing experience resulting from fear, helplessness, dissociation, confusion or other troubling feelings; it is intense enough to have a lasting negative effect on a person's attitudes, behaviour and other aspects of functioning (VandenBos, 2007). Consequently, traumatic events include those caused by human behaviour, such as child sexual abuse. It should be noted that one-off events may result in Type I traumas, whereas repeated exposures to traumatic events over a period of time result in Type II traumas (Herman, 1997). According to Save the Children's report *"Eyes that don't want to see"* (Marcos, 2017), victims usually suffer for an average of 4 years: because the abuse is repeated over time, most cases fit into type II trauma. Science has shown that a temporary state of motor inhibition (tonic immobility) is a common physiological and psychological response to aggression (Möller, Söndergaard & Helström, 2017). Tonic immobility can also be a person's automatic reaction toward intense fear, physical restriction, or an impossibility of fleeing (Bados, García-Grau and Fusté, 2015). This makes it difficult to address trauma when one can't – or does not even know how to – ask for help in the event of sexual violence.

According to Freyd, survivor and psychologist (2008), betrayal-related trauma occurs when people or institutions which a person depends for survival significantly violate this person's trust or well-being. When psychological trauma involves betrayal, the victim may be less aware of, or less able to remember, their traumatic experience, since in doing so, the trusted person responsible for their betrayal may challenge and threaten the victim's survival. Freyd's trauma theory of betrayal predicts that the degree to which a negative event represents a betrayal by a trusted person will influence how these events are processed and remembered. Children and adolescents depend on families for basic survival. Betrayal is the toxic and asymmetrical relationship that is generated in child and adolescent sexual abuse.

Sexual abuse of children and adolescents is a taboo subject, especially if it happens in the family setting, and society tends to place such traumatic events under a seal of secrecy. It implies that these issues should be silenced and kept hidden with regard to the taboo of sexuality and that of sexual violence. In our social imaginary, old sayings like "what is not talked about does not exist" or "one should not wash dirty linen in public" actually mean that one should never, ever broach the subject, and that these crimes should be left in oblivion, as if they never happened. People tend to keep quiet about sexual violence in childhood and adolescence in order to pretend it never happens. This pact of silence is one of the weapons most used by perpetrators, because they know the dynamics of silence and use them to their advantage. Victims and survivors also tend to suppress the memories of the trauma in an act of faithfulness to the family that only perpetuates the pact of silence. They remain silent to avoid the destruction of their families, despite the fact that the perpetrator is a family member, since most cases of abuse happen within families.

The immediate psychological impact of child sexual abuse in the midst of cognitive, physical and emotional development represents a mental shockwave that leaves the victims in a state of stupor due to the unexpected traumatic event. In addition, due to the scarcity of prevention programmes, few tools are available to support victims and help them verbalize, which results in the perpetuation of sexual violence in our society. Through the lens of INSPQ (2017), the victim may develop psycho-emotional fears arising from the dangerous situations that result from maintaining secrecy. As a result, anxiety and nervousness arise from the feeling of helplessness and the inability to cope with one's trauma. Consequently, victims feel guilt and shame because they know or sense that the abuse should not have happened. We are the heirs of a Catholic and patriarchal society, where sex and affective education remains a social taboo that imperils the implementation of sexual abuse prevention programmes. In addition, having suffered a trauma and not being able of processing it adequately, due to threats or damage to one's physical and psychological integrity, may lead to the development of post-traumatic stress symptoms. It should be stressed that this generates a state of mental confusion and repressed suffering where the victim does not distinguish between what is happening in their mind and what is happening in the outside world. Faced with a threat, human beings tend to freeze in order to protect themselves or deny that they are at risk, which leads to social isolation in the absence of help, as well as secrecy and silence. In addition, victims may also experience soul and body dissociation as a defence mechanism against trauma. And, because sexual abuse affects all the areas of a person's life, they tend to feel intense pain with physical, emotional, behavioural and social symptoms.

According to Child Family Community Australia (2014), the factors affecting the short-term consequences of abuse depend on (1) the age of the victim and the developmental stage at which the abuse occurred; (2) the severity of the abuse; (3) the type of abuse; (4) the victim/survivor's perceptions of the abuse; (5) the relationship between the victim/survivor and the perpetrator; (6) whether there was detection and remediation; and finally, (7) the positive or protective factors that may have mitigated the effects of the abuse.

According to Pereda (2009) the initial psychological consequences include: (1) emotional problems associated with post-traumatic stress disorders, fears and phobias, depression and anxiety, low self-esteem and feelings of guilt and/or suicidal ideation and behaviour; (2) cognitive problems associated with poor attention and concentration, poor school performance, hyperactive behaviour, poorer cognitive functioning and/or attention deficit disorder; (3) relationship problems associated with poor social relations, greater social isolation and/or less friendships and less play time with peers; (4) functional problems associated with nightmares and sleeping problems, loss of sphincter control: enuresis and encopresis, depression and anxiety, eating disorder and/or somatic issues and, finally, (5) behavioural problems resulting in sexualised behaviour, compulsive masturbation, imitation of sexual intercourse, excessive use of sexual vocabulary, exhibitionist behaviour, compulsive conformity,

disruptive and dissocial behaviour, hostility, aggressiveness, anger and rage, oppositional and/or defiant behaviour.

When two years have elapsed after the trauma, one speak of long-term consequences (Browne and Finkelhor, 1986) which include (Pereda, 2010): (1) emotional problems associated with depressive and bipolar disorder, anxiety symptoms and disorders, low self-esteem, alexithymia (inability to identify and describe one's emotions), borderline personality disorder, self-destructive behaviour and/or suicidal ideation and behaviour; (2) relationship problems leading to isolation and social anxiety, difficulties with one's intimate partner, and/or difficulties in bringing up one's children; (3) functional problems such as eating disorders, physical ailments, conversion disorder, non-epileptic seizures, dissociative disorder, somatization disorder, gynaecological disorders and/or **problematic substance use**; (4) adjustment problems resulting in hostile behaviour and/or behavioural disorder; and, finally, (5) sexuality problems which may lead to unsatisfactory and dysfunctional sexuality, sexual risk behaviour, early motherhood, prostitution and/or re-victimisation.

Once the spectrum of consequences of sexual abuse has been analysed, dissociation or denial are implemented as a defence mechanism to alleviate the pain resulting from the abuse. The magnitude of the victim's or survivor's suffering may result in their blocking any memory of their trauma so that they can survive, albeit in silence and fear. According to Freyd (2008) the logic of oblivion in abuse-related trauma is generally motivated by the avoidance of pain; avoidance of anchoring oneself in an overwhelming state; avoidance of unacceptable desires; and, lastly, the avoidance of information that threatens a necessary bond for the victim/survivor. All in all, pain avoidance is the most potent cause of forgetting or bringing one’s traumatic life events to subconscious. Dissociation during trauma, traumatic amnesia or repression are understood to be psychological defences against pain, as if the elimination of pain were a logical end goal. In a sense, the aim is to avoid and alleviate pain, but behind this motivation is an evolutionary goal that is more closely related to survival.

The biopsychosocial imprint of sexual violence produces a process of *disenfranchised grief* from the onset of trauma – a term initially coined by Doka (1989) and defined as *"disenfranchised grief occurs when the loss is not openly acknowledged, socially sanctioned or publicly shared"*. In turn, when the cause of the loss is considered unacceptable by society, as in the case of sexual violence due to its generating guilt and shame, and its making it difficult to talk about loss and to seek support for fear of social judgement. *Disenfranchised grief* is strongly influenced by the degree to which individuals and society recognise and validate that loss, but it is further complicated when they do not recognise that the person has a right to grieve; therefore, victims/survivors cannot take advantage of the role of grief (Bryant and Peck, 2009). In short, what is not seen is not talked about, which perpetuates the social cognitive distortion through silence and the false beliefs of the social imaginary surrounding child sexual abuse. In this manner, the patriarchal system is responsible for a loss of innocence where the victim is blamed and the cycle of violence continues, while the victim/survivor must face their grief in loneliness, making them more inclined to cover it up until it appears to disappear.

And all this has to be sustained by each victim as best they can while remaining silent: sexual violence in the midst of evolutional development; the trauma of betrayal; the immediate, short and long term consequences; the social taboo and false beliefs that perpetuate the cycle of abuse; the lack of implementation of child sexual abuse prevention, detection and reparation policies; and, finally, the process of *disenfranchised grief*. In addition, victims or survivors face trauma in utter loneliness while lacking tools and lacking credibility. This adult-centred society considers children and young people as second-class citizens, it does not listen to them from an ethical and good treatment standpoint; it takes away credibility and hides the endemic sexual violence.

Based on the psychology of trauma, child sexual abuse is brain-shocking, mind-stunning, and body-freezing (Levine, 2015). As a result, the trauma of child sexual abuse is correlated with problematic substance use as a long-term consequence of abuse through functional problems (Pereda, 2010). To understand why traditional problematic substance use treatment does not always work with victims/survivors, it is first important to understand the link between sexual trauma and addiction. As Pérez and Martín (2007) say, the use of psychoactive substances can serve a function by creating *fictitious* situations based on "not being able to feel", "not feeling worthless" or "not thinking at all" which may help the person to avoid their problem or the situations they fear. It is the reason why child sexual abuse associated with substance use has been identified as risk factors to help them cope with, and cover up, their past experiences. Child sexual abuse, especially when committed by people in positions of affection or authority, creates profound difficulties in relation to trust, intimacy and dependency. This trauma leads to states of deep vulnerability and hypervigilance, which continue into adulthood. To cope with these overwhelming experiences, surviving victims numb their bodies and disconnect from the trauma, its impact and/or its meaning in their life stories.

According to Widom and HillerSturmhöfel (2001), some victims/survivors turn to drugs or alcohol to cope with the pain of sexual abuse for a variety of reasons, including:

- A mechanism to escape or cope with traumatic memories and the resulting feelings of sadness and depression.
- A way to reduce feelings of loneliness and isolation.
- A way to improve self-esteem.
- A form of self-destructive behaviour over which they actually have control.
- A form of self-medication rather than relying on mental health professionals to address their traumatic memories.

A literature review by Pérez and Mestre (2013) analysed the correlation between sexual violence and problematic substance use. Firstly, survivors of child and adolescent sexual abuse state that they had had more problems with drugs compared to the population that did not experience sexual abuse, i.e. 20.9% vs. 2.3%; the relationship between alcohol and sexual violence is similar as 26.9% of survivors abuse alcohol vs. 10.5% of the population that did not experience this trauma (Briere and Runtz, 1988). Secondly, between 50% and 80% of women with addiction problems have suffered sexual abuse in their childhood or adolescence (IREFREA (2001). In addition, female survivors have higher rates of problematic substance use and dependence, as well as higher rates of suicide attempts and prescription drug use (Moreno, Prior and Monge, 1998).

The link between trauma and addiction (Tranquil Shores, 2018) leads us to understand that traditional drug treatment programmes do not always work for victims/survivors, due to the importance of understanding the link between child and adolescent sexual abuse and problematic substance use. Obviously, one should mention that addiction does not solely concern those who have experienced sexual trauma in childhood. People are more inclined to turn to drugs or alcohol use so as to numb their pain and avoid dealing with their trauma, but it doesn't mean that all survivors of sexual violence will turn to substance use, and, conversely, not all people with substance use disorders have a history of sexual trauma. With addiction symptomatology as a consequence of child and adolescent sexual abuse, the problem is that the person will readily admit being dependent on substances but they will seldom admit, or even remember, that their dependence results from their trauma(s).

As Pérez and Mestre (2013) point out, the direct correlation between sexual violence during childhood and adolescence with the variable of problematic substance use should be protocolled in a series of

therapeutic care guidelines. It is crucial that both variables be linked so as to initiate the healing process at the earliest stage. For this reason, the following elements should be deemed essential:

- Professional staff involved in substance use treatment programmes should be trained in a sensitive approach to child and adolescent sexual abuse and other violence.
- The assessment of the clinical history should take into account the stressful experiences of child sexual abuse. Additionally, it should be taken into account that the patient may not have disclosed or may not remember their trauma. In this regard, it is advisable to create safe spaces where they can express their trauma.
- Intervention programmes should include training and resources around sexuality and abuse.
- The development of intervention programmes should be gender-sensitive because the prevalence of the correlation between both variables indicates that female survivors have a higher incidence than male survivors.
- Healing process should include tertiary prevention in sexual violence in order to avoid repeating the pattern of learned helplessness.

Conclusions

The vast majority of survivors have forgotten or try to hide their trauma and, for this reason, they tend to seek maladaptive mechanisms to cover up what they really feel through substance use. The correlation between sexual violence during childhood and adolescence and substance addiction clearly establishes that substance addiction is an indicator (Griffith et al. 2017). When a person in substance use treatment does not take into account the root cause of their addiction, it may create barriers that hinder recovery, because the genesis of the trauma is not being addressed (Tranquil Shores, 2018). In short, the process of *disenfranchised grief* should be taken into account in order to understand the consequences of the traumatic event and loneliness. It is worth emphasising that the data indicate that female survivors have a higher incidence than male survivors, which is why it is necessary to mainstream a gender perspective in the design of treatment programmes. In addition, it is advisable to implement a holistic assessment and intervention plan within the therapeutic approach. Lastly, the provision of adequate training in child and adolescent sexual abuse and trauma intervention should be recommended in order to carry out a good healing process (Meléndez et al., 2015; Freyd, 2008) and, above all, to avoid re-victimisation during treatment.