

# Childhood sexual abuse and effects on marital functioning



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Childhood sexual abuse victimization has detrimental effects on a woman's intimate relationships. Adult survivors of child sexual abuse may show difficulties in interpersonal relationships, including avoidance or fear of intimacy, showing low emotional engagement with partners and a pattern of withdrawing from couple interaction during times of high emotion. Adult survivors also may have trouble with trust and may have a poor sense of boundaries and have a sense of powerlessness. Survivors of this trauma often have difficulty establishing and maintaining intimate relationships and experience a high rate of sexual dysfunction. Also, women with child sexual abuse experiences are twice as likely to experience rape as adults and to report having been physically abused by their partners. Thus, this paper will guide me to this paper will channel me to conform and portray substantiation to my claim that childhood sexual abuse operates as a precursor to marital dissonance and marital dissatisfaction.

It may be unfair, but what happens in a few days, sometimes even a single day, can change the course of a whole lifetime." The Kite Runner Khaled Hosseini

Childhood sexual abuse:

The subject of child sexual abuse is still a taboo in India. A conspiracy of silence exists around the subject of abuse and a large percentage of people feel that this is a largely western problem and thus abuse, especially child sexual abuse does not occur in our country. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all (Study on Child Abuse: India 2007). Most

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of the time, parents do not talk to their children about sexuality and during puberty girls are not told about the physical and emotional changes that take place. What then happens is that all forms of sexual abuse that a child faces do not get reported even to close individuals. Children do not realize that they are being abused most of the time. Most victims report having buried the incident as a painful and shameful one not to be ever told to anyone (RAHI, 1998).

As defined by the World Health Organization (1999), " CHILD SEXUAL ABUSE is the involvement of a child in sexual activity that he or she does not fully comprehend; is unable to give informed consent to, or that violates the laws or social taboos of society." " The activity between a child and an adult or another child who by development or age is in a relationship of trust, power or responsibility with the activity being intended to gratify or satisfy the need of the other person is what child sexual abuse is evident by" (W. H. O., 1999). This may include but not limited to:

The inducement or coercion of a child to engage in any unlawful activity

The exploitative use of a child in prostitution or other unlawful sexual practices

The exploitative use of children in pornographic performances and materials.

Sexual violence is any act which may be verbal and/or physical which threatens to break a person's trust and/or safety. It includes rape, incest, child sexual assault, marital rape, sexual harassment, exposure and voyeurism.

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Yet, sexual abuse can be defined as severe forms of sexual abuse and other forms of sexual abuse. Severe forms of sexual abuse include: assault, including rape and sodomy; touching or fondling the child; exhibitionism – forcing a child to exhibit his/her private body parts and photographing a child in nude.

Other forms of sexual abuse include: forcible kissing; sexual advances towards a child during travel; sexual advances towards a child during marriage situations or other social occasions; exhibitionism – exhibiting before a child and exposing a child to pornographic materials.

The World Health Organization (1999) estimates that 150 million girls and 73 million boys under the age of 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. A review of epidemiological surveys from 21 countries, mainly high- and middle- income countries, found that at least 7% of females (ranging up to 36%) and 3% of males (ranging up to 29%) reported sexual victimization during their childhood. According to these studies, between 14% and 56% of the sexual abuse of girls, and up to 25% of the sexual abuse of boys, was perpetrated by relatives or step parents.

Thus, it is important to understand the implications of such traumatic experiences and the effects it has on an individual's latter life. Child sexual abuse and its severity, onset and duration of abuse have a crippling effect on the victim's life. There are a number of possible pathways by which childhood traumas could impact adult relationship outcomes, including marital satisfaction and disruption. Childhood traumas can result in intimacy

disturbance (e. g. fearing, distrusting, and experiencing ambivalence about interpersonal closeness; impaired ability to trust), difficulties with sexual relating, increased probability of physical violence and revictimization, problems with emotional expressiveness and intimacy, and emotional avoidance, which may in turn interfere with effective relationship functioning (Briere, 1992; Compton & Follette, 1998).

### **Review of Literature:**

Clinicians have long operated under the assumption that early abuse represents a traumatic interpersonal experience with the potential to result in long-term difficulties with intimate partner relations. A number of theoretical models also point to intimate partner relations as an area of difficulty for adult survivors (e. g. Alexander, 2003; Finkelhor & Browne, 1985; Polusny & Follette, 1995).

Among these theories, Finkelhor and Browne's (1985) traumagenic dynamics model has received a great deal of attention because of its utility for explicating the processes by which early sexual abuse may affect a variety of long-term outcomes (e. g. Coffey, Henning, Turner, Leitenberg & Bennett, 1996). Although developed with sexual abuse in mind, the proposed "traumagenic dynamics" are likely to be common across various types of child abuse. Briefly, this model holds that the impact of childhood trauma can be accounted for by the dynamics of betrayal, traumatic sexualization, stigmatization, and powerlessness, which are said to "alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities" (Finkelhor & Browne, 1985).

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Finkelhor and Browne's (1985) dynamics are useful for conceptualizing how various marital outcomes may be affected by early maltreatment. For example, the dynamic of betrayal may come into play in the aftermath of abuse when victims come to realize that an adult (often a family member) has violated the tacit but fundamental trust that normally exists between children and adults. Neglect represents a breach of trust whereby adults, who are expected to provide care and protection, deprive children of basic needs such as food, shelter, medical care, and supervision. Traumatic sexualization, which refers to developmentally inappropriate and dysfunctional sexual behavior stemming from sexual abuse, may manifest in a variety of lasting difficulties, including increased vulnerability to sexual assault, over-sexualization of adult relationships, or aversion to sexual relations (Finkelhor & Browne, 1985). A third process, stigmatization refers to internalized feelings of shame, guilt, and self-blame that arises from experiencing maltreatment. In the case of psychological abuse, for example, stigmatization may evolve from direct berating by the perpetrator. For other forms of maltreatment, stigmatization may develop in response to the secrecy that often surrounds abuse, reactions from family and the broader community upon the discovery of abuse, and from victims themselves. Carried into adulthood, stigmatization may contribute to lack of openness, feelings of detachment, and general dissatisfaction in intimate relations. Finally, the dynamic of powerlessness refers to a lack of self-efficacy that is said to evolve from the uncontrollable and repeated boundary violations that accompany maltreatment.

Powerlessness engendered by early sexual and physical abuse may undermine survivors' sense of control in relationships, rendering them less effective in asserting their needs during conflict and decision-making interactions with partners. In the extreme, such an imbalance of power or control may become a risk factor for additional victimizations within the marriage. Conversely, a preoccupation with issues of power may also manifest in compensatory striving on the part of victims to maintain or exert personal control in relationships. The extreme form of this tendency may again be linked to aggression, perhaps initiated by victims against their partners.

An emerging empirical literature has begun to test clinical and theoretical assumptions linking maltreatment to long-term deficits in couple functioning. Most of these studies have been conducted with women involved in dating relationships. For example, compared to non-abused women, unmarried women recruited from college and community settings who were exposed to child sexual abuse report having less emotional trust in their partners and view their partners as less reliable in following through with important aspects of the relationship (DiLillo & Long, 1999; Mullen, Martin, Anderson, Romans, & Herbison, 1994).

Although studies of sexual functioning typically have focused on female survivors' sexual risk-taking that occurs outside the context of committed relationships (e. g. Orcutt, Cooper, & Garcia, 2005), maltreatment has also been linked to sexual difficulties with intimate partners (Leonard & Follette, 2002). In a study, women with a history of childhood sexual or physical abuse report engaging in less frequent sexual activity (Dinnerstein, Guthrie, <https://assignbuster.com/childhood-sexual-abuse-and-effects-on-marital-functioning/>

& Alford, 2004), whereas both women and men who experienced sexual abuse report more symptoms of sexual dysfunction, including pain during intercourse, difficulty achieving and maintaining arousal, premature or delayed orgasm, and anxiety about sexual performance (Najman, Dunne, Purdie, Boyle, & Coxeter, 2005). These difficulties may contribute to survivors' lower sexual drive and sexual satisfaction (Randolph & Reddy, 2006), as well as greater negative affect while sexually aroused (Schloretdt & Heiman, 2003).

Studies of unmarried individuals have found that a history of maltreatment is associated with later psychological, physical, and sexual victimization by an intimate partner (DiLillo, Giuffre, Tremblay, & Peterson, 2001; Whitfield, Anda, Dube, & Felitti, 2003). Conversely, links have also been found for both men and women between a history of child maltreatment and the perpetration of physical aggression against a partner (DiLillo et al., 2001; White & Widom, 2003; Whitfield et al., 2003). Beyond group comparisons of victims and non-victims, evidence suggests a dose-response relationship between maltreatment and partner aggression, such that men and women from a community setting who were exposed to greater adversity as children (including maltreatment) are more likely to perpetrate partner aggression as adults (Anda, Felitti, Bremner, Walker, Whitfield, Perry, 2006).

Difficulties in these more specific domains of couple functioning may contribute to general dissatisfaction and ultimately relationship dissolution for victims of maltreatment. For example, cross-sectional findings indicate that individuals with a history of maltreatment are less satisfied in their intimate relationships than are no maltreated individuals (DiLillo & Long, <https://assignbuster.com/childhood-sexual-abuse-and-effects-on-marital-functioning/>



1999; Nelson & Wampler, 2000; Whisman, 2006). Moreover, in the few studies that have examined marital functioning, both husbands and wives with a history of sexual abuse, physical abuse, or neglect experienced higher rates of separation and divorce than did spouses without such histories (Colman & Widom, 2004; Finkelhor, Hotaling, Lewis, & Smith, 1989; Whisman, 2006).

The research conducted to date suggests that childhood traumas are indeed associated with marital outcomes in adulthood. For example, evidence from both clinical (Nelson & Wampler, 2000) and community (Finkelhor, Hotaling, Lewis, & Smith, 1989) samples suggests that childhood sexual abuse is associated with increased likelihood of experiencing relationship problems (DiLillo, 2001; Rumstein-McKean & Hunsley, 2001). In addition, a lifetime history of physical attack has been associated with lower marital harmony and lower marital satisfaction in a national, population-based sample (Broman, Riba, & Trahan, 1996). However, although the evidence is suggestive that the occurrence of childhood trauma is associated with marital outcomes during adulthood, most existing studies have looked at only one or a few childhood traumas and only one type of marital outcome (e. g., marital disruption or marital satisfaction). Therefore, based on available research, it is difficult to know whether the results obtained from the traumatic events evaluated in existing studies would be found for other traumatic events, and whether specific traumas would be associated with multiple marital outcomes. Similarly, insofar as people who experience one trauma are at elevated risk for experiencing other traumas, it is unknown whether the interpersonal consequences that are attributed to a particular

trauma are independently associated with that trauma, or are secondary, due to their shared association with the co-occurring trauma.

Finally, as with many studies in the area of marital functioning, samples used in some prior studies are small and not representative of the population of married couples, insofar as they are often based on people in treatment or convenience samples recruited from local communities, which thereby restricts the external validity of studies on childhood trauma and marital outcomes (DiLillo, 2001).

## **Conclusion**

The current review shows implications for researchers and practitioners alike. Past research has mainly included women although the current literature suggests that among newlywed couples, a history of maltreatment may also be detrimental to husbands' marital adjustment. This reinforces the need for future research to take a dyadic approach rather than focusing on only one partner. Maltreatment may have an increasingly negative impact on husbands' marital satisfaction over time reinforcing the need to examine longer term marital trajectories in relation to men's prior abuse. Extending the examination of change trajectories would enable the testing of the supposition that maltreatment places couples at risk for more quickly reaching critical levels of relationship discord. Studies could also examine the ways that couples with a history of abuse adapt to contextual shifts in the marriage, including those that arise during important developmental transitions already associated with marital decline (birth of a first child; Huston & Holmes, 2004). Clinical writings (Oz, 2001) also suggest that partners of abuse survivors may struggle with unique issues related to their <https://assignbuster.com/childhood-sexual-abuse-and-effects-on-marital-functioning/>

involvement with adult victims. Examining these cross-partner effects will be important to further enhance our understanding of the dyadic impact of early maltreatment. From a treatment standpoint, the early stages of marriage may become increasingly difficult for adult survivors. Thus, child maltreatment should be considered part of the constellation of factors-internal and external to the relationship-with the potential to disrupt marital functioning.