

A helpful guide to understanding the
**Psychological Impacts of
Childhood Sexual Abuse**



THE KAVANAGH SISTERS

A helpful guide to understanding the
PSYCHOLOGICAL IMPACTS OF CHILDHOOD SEXUAL ABUSE



Published by Joyce, June and Paula Kavanagh
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OVERCOMING CHILD SEXUAL ABUSE

*"It takes courage ... to endure the sharp pains of self-discovery
rather than choose to take the dull pain of unconsciousness
that would last the rest of our lives."*

Marianne Williamson

WELCOME

'When you get give, when you learn Teach.'

Maya Angelou

We are the Kavanagh sisters from Dublin. We were sexually abused by our father from infancy till our late teens and it has taken us more than double that time to truly understand and overcome the impacts of our childhood abuse. Only through fully understanding how our abuse impacted us were we able to arrive at a place where we can say that we have finally made peace with our past.

Through writing our books '[Click, Click](#)', and '[Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse](#)', we have gained a greater understanding of ourselves, allowing us to forgive all involved. Much to our surprise the hardest person to forgive from our past was ourselves.

The crime of sexual abuse is unique as we know of no other crime where victims take the lion's share of responsibility for what happened to them. Victims carry on abusing themselves long after their abuse is over, through self-hatred, self-judgement and self-criticism.

In our experience the hardest impacts of abuse to uncover and identify are the psychological impacts, making this crime extremely difficult to put behind you and move on with your life.

With this in mind we have developed this information booklet. We are passionate about putting an end to the pain and

suffering that goes hand in hand with this particular crime. We believe that we endured years of unnecessary suffering because we didn't possess the information in this booklet when our healing journey began. We could have saved ourselves a lot of unnecessary pain and heartache had we known.

Although most people will identify with certain aspects of the disorders and conditions contained within this booklet as part of their experiences growing up. Our experience of being sexually abused altered and amplified the intensity with which most of the psychological manifestations appeared in our lives.

Most forms of abuse leave similar internal scars and so we feel the information contained within this booklet will be a beneficial resource for anyone embarking on their healing journey.

* The information in this booklet is a small sample from '[Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse](#)'. Within our book we include our individual experiences with each condition or disorder. We demonstrate how these conditions or disorders manifested in our lives making the information more relatable which may help you make connections in your own lives. We also provide '[7 Steps](#)' that you can follow to help you overcome the impacts of abuse that you have identified.

Joyce, June and Paula

THE PSYCHOLOGY OF ABUSE

"Don't just read the easy stuff. You may be entertained by it, but you will never grow from it."

Jim Rohn

When writing this section of the book we carried out a lot of research and hopefully have included the most common psychological impacts and some others that as a victim of childhood sexual abuse you may not be aware of.

There are many physical symptoms of childhood sexual abuse, such as pelvic pain, intestinal problems, change or loss of appetite, vaginal or rectal bleeding, pain, itching, swollen genitals, vaginal discharge, a sexually transmitted disease (STD), difficulty in walking or sitting, and pretending to be sick, or actually becoming ill, but these are easier to identify than the psychological and behavioural symptoms resulting from childhood sexual abuse.

Behavioural symptoms, such as aggressive and disruptive behaviours, unusual interest in and or knowledge of sexual matters, along with sexual acting out or inappropriate sexual play (with self, other children, adults, pets or toys), will cause obvious concerns. However, there are psychological symptoms that victims can also suffer as a direct result of abuse which can be hidden and go unnoticed or, worse still, can be accepted as the norm. Having difficulty learning in school, displaying an inability to concentrate, having difficulty sleeping, suffering with nightmares and displaying a fear of the dark are just some of the psychological symptoms that can be caused by childhood sexual abuse.

This section will look at several psychological symptoms associated with childhood sexual abuse. Issues such as depression, anxiety, dissociation, suicide attempts, fear of confrontation and being overly compliant, can all result from an individual suffering childhood sexual abuse.

It is our intention to provide information that will assist victims in questioning their thoughts, behaviours and accepted norms, in order to assess if they are related to the abuse they suffered, and as such, can begin to overcome through awareness.

THE IMPACTS OF CHILD SEXUAL ABUSE ON THE MIND

*"We discovered that pain draws energy inward,
whereas empathy and forgiveness enables expansion,
growth and freedom from suffering."*

The Kavanagh Sisters

THE IMPACTS OF ABUSE ON THE MIND

"Until you make the unconscious conscious, it will direct your life and you will call it fate."

C.G. Jung

Research published in the American Journal of Psychiatry stated that in order to cope with overwhelming experiences of distress, the brain can alter its signaling patterns which can ultimately leave some parts of the brain underdeveloped from reduced input. According to Martin Teicher, Associate Professor of Psychiatry, at Harvard Medical School, 'abuse during childhood can change the structure and function of a brain and increase the risk of everything from anxiety to suicide'.

Since 1979, it has been known that incest victims can experience irregularities in the electrical activity in their brains. The connection between abuse and brain irregularities involves stress hormones, better known as the 'fight or flight' hormones. Harsh punishment, unwanted sexual advances, belittling and neglect are thought to release a cascade of stress hormones and produce an enduring effect on the signals that the victim's brain cells send and receive. As a result, the victim's brain becomes moulded to over-respond to stress.

A child may manage these brain abnormalities and the constant release of stress hormones through dissociation. In the words of Van der Hart, Van der Kolk and Boon (1998): 'Dissociation refers to a compartmentalisation of experience. Elements of an experience are not wholly integrated but are stored in isolated fragments.' Compartmentalisation is an unconscious psychological defense mechanism used to avoid anxiety or

emotional stress.

Janina Fisher a clinical psychotherapist trained by van der Kolk, goes on to say that it is rare for someone with a history of childhood trauma not to have dissociative symptoms.

However, it is important that we understand how a child being raised in an unsafe environment learns to use his/her mind as a refuge by splitting off and compartmentalising the effects, knowledge and even memories of the traumatic experiences.

The release of the hormones relating to the flight or fight response is strongly connected with addictive behaviours. Sexual addiction, eating disorders, drugs and alcohol abuse very often develop as a means of running away from the emotional impact and feelings that flood the mind when an abuse memory is triggered. When acted on, these addictive behaviours can then set in motion a cycle of negative thinking that inflicts further pain and anguish on the victim through self-hatred, feelings of depression and thoughts of suicide.

It is therefore not surprising that adult survivors of childhood sexual abuse find that thoughts, feelings, images and smells often act as triggers, bringing them back to past traumas. Adult survivors who wish to live a life unencumbered by their past traumas may find it difficult, as Teicher states: 'the 'going on with normal life' self generally continues to grow and develop age-appropriate social- emotional abilities, while other parts become 'frozen in time' at age 3, 5, 8,12 or 17.'

Even more damaging is the fact that very often other parts of development are 'frozen', not in terms of age but in terms of perception.

CONTRADICTIONS

"Being an adult comes with a whole new set of issues."

Melissa de la Cruz

Being raped as a child introduces sexual knowledge that a young mind is unable to comprehend. The painful physical act, accompanied with the broken trust, feelings of complete powerlessness and fear open a door that can never be closed again.

Following our abuse life became about survival. Being abused meant that we no longer felt safe in the world and no one could save us. Life was forever unpredictable, and our childhood was over. The self-hatred and owning the responsibility for what was happening to us made it impossible for us to connect with friends our own age because now we all held a secret, and his threat that we would lose our mother made sure the secret didn't come out.

To protect ourselves, we remained guarded and isolated. Our ability to experience all the childhood developmental stages was stunted by the abuse; the world was a dangerous place which required a new way of existing for us, leaving a feeling of being mentally older than our physical bodies.

As adults, we were a strange cocktail of naiveté and fear as all the negative thoughts and feelings we had as children had become rock solid beliefs about who we were in the world. We continued the self-abuse where our father left off and were unyielding in its execution. In contrast, we now felt mentally younger than our physical bodies, regardless of our age. This manifested in many ways because we didn't feel capable of

being part of the adult world owing to our sheltered life and the aftermath of the abuse, which compounded our personal belief of being stupid.

For example, June visited Disneyland in Florida when she was twenty years old and was genuinely devastated to discover that Mickey Mouse was not real. Joyce wasn't aware that women could masturbate until she was in her thirties and had no idea what a clitoris was. Paula believed she was a virgin, and although we had each been raped for most of our lives, we were shocked to discover what sex was.

CONFUSION

*"All men should strive to learn before they die,
what they are running from, and to, and why."*

James Thurber

We have struggled on many occasions to not only comprehend, but to explain the contradictions in our behaviours and feelings towards our father. We hated and feared him, and at the same time sought his approval and love. To an outsider this makes no sense and is extremely difficult to understand from the inside too. In an effort to explain this more clearly, we looked into victims who suffered from Stockholm Syndrome as it has been connected by some researchers with incest survivors and physically or emotionally abused children.

Even with all the personal delving and years of counselling, we still found ourselves pulled between our love and hate for the man who caused us so much pain. While the bond between a child and parent is considered normal. It is difficult to grasp how any child could bond with a parent who is continuously abusing them and how that bond remains with them as adults. It wasn't until we studied the symptoms of the Stockholm Syndrome that it became clear to us that emotional bonding with our father was actually a subconscious strategy for survival and that this syndrome is fairly common.

This may also explain the reluctance of some victims to report abuse by a family member since the following list of circumstances are all that is required for the Stockholm syndrome to develop.

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For example, June visited Disneyland in Florida when she was twenty years old and was genuinely devastated to discover that Mickey Mouse was not real. Joyce wasn't aware that women could masturbate until she was in her thirties and had no idea what a clitoris was. Paula believed she was a virgin, and although we had each been raped for most of our lives, we were shocked to discover what sex was.

- The crisis lasts for several days or longer.
- Isolation from the perspectives of anyone other than those of the abuser.
- The perceived kindness of the abuser towards the victim.
- Positive feelings by the victim toward the abuser.
- The presence of a perceived threat to one's physical or psychological survival and the belief that the abuser would carry out the threat.
- The perceived inability to escape the situation.

In our case the abuse lasted for decades. Therefore, the pattern of behaviour was entrenched. Our father was the power and control in our lives and working from home guaranteed our unrelenting fear and blind obedience well into our adult lives. There were moments where he displayed kindness which as children provided us with the proof that he loved us. At Christmas we received lots of presents, he bought gigantic Easter eggs at Easter; he took us on outings and allowed our friends to come. He would also on occasions bring us shopping and buy us nice clothes. In our darkest moments we dredged up these pleasant memories making it easier to convince ourselves of our love for him.

To simply exist in our world, we had to deny the reality of who he was and hold onto any small gesture that made things bearable if only for a little while. We totally depended on him for our very existence.

The utter confusion caused by this perceived kindness is what enshrined the contradiction we lived. We perceived this as love and were able to convince ourselves that he cared for us and, that in return, we cared for him.

On the other hand, his sudden and unpredictable violent outbursts instilled absolute terror in us. Although he rarely physically hit us, the threat was always present, listening to him shouting at the TV, losing his head at other drivers on the road, and throwing a tantrum when his dinner wasn't ready, or he couldn't find his glasses was enough to maintain a high level of fear within each of us.

Because our abuse began at such a young age, escape was not an option and by the time we were of an age to attempt an escape we didn't see the need. Along with his sick mind, his violent and threatening behaviour, along with his ability to isolate us, our father had all the components that a sexual predator needed. As far as we knew, we belonged to him and he could do as he wished with us, and nothing and no one in our lives ever opposed that.

Through researching the Stockholm Syndrome, we were able to understand our contradictory feelings toward our father and we discovered how we managed to avoid living in constant distress and anxiety resulting from the abuse. We have read how victims subconsciously resolve the conflict that exists between loathing and trying to keep their abuser happy by changing their feelings and adopting a positive attitude towards them. While this sounds simplistic, we know we couldn't have survived for long, with the heightened levels

of stress and anxiety, so instinctively we found a way to get through it.

This didn't change in our adult lives since we were now fully programmed to accept our lot. Joyce or June never even thought of getting out of the house when they would have been considered old enough, they went through deep depression which began when the abuse stopped but didn't make the connection with their childhood. Paula thought constantly about leaving the house but simply didn't have the courage. She was trapped by her own fear, even when some of her friends were traveling to America and tried to encourage her to join them. The fear of going out in the world alone was overwhelming and she couldn't do it.

Changing our mind about our abuser made him appear less of a threat and made it easier to live day to day. Being sexually abused on a daily basis was utterly distasteful to us and our lack of options and the tremendous fear we held supported our resignation to the fact that this was our life. Our survival required adjusting and adapting to this reality by aligning ourselves with our abuser.

Although this all sounds very logical we were not conscious of any of this while growing up. We were not aware we had aligned with our father, or that we were confused about our love for him. It took research to provide the answers to the questions we judged ourselves so harshly for in our adult life. This information has simply offered an explanation to the contradictions which left us tormented and full of self-criticisms and we hope others may also find it helpful.

ATTACHMENT DISORDER

"Attachment is a lasting connectedness between human beings."

John Bowlby

Reactive Attachment Disorder (RAD)

Survivors of childhood sexual abuse are most likely to have developed an attachment disorder because of abuse or neglect. Those who experienced abuse during their first five years at the hands of a caregiver are said to be responsible for triggering RAD. They are likely to have heightened difficulty in forming lasting relationships. According to Magid and McKelvey (1988), an individual with RAD does not think like a 'normal' person, and is more likely to remain detached from others, and experience feelings of abandonment. The symptoms of RAD are divided into two categories:

Avoidant Attachment (inhibited) Disorder

Individuals, who have this form of attachment disorder, can appear overly independent. This enables them to avoid making the type of connection that requires feelings of trust. They are likely to suppress emotions and to not engage in open displays of affection. They do not like to feel dependent on others and do not particularly like others to depend on them. Some of the symptoms of avoidant attachment disorder are that the individual:

Avoids intimacy.

- Shows compulsive self-reliance.
- Has difficulty getting along with co-workers, and often prefers working alone rather than being a team player.

- Fears closeness in relationships.
- Lacks empathy.
- Has a very low level of perceived support.
- Tends to be over-critical of others
- Passive withdrawal.
- Finds relationships to be a threat to his/her sense of control. They feel that they are not worth the effort.
- Is very sensitive to blame.
- Tends to become intensely self-critical.
- Does not believe in idealising a romantic relationship.
- Finds other people untrustworthy or undependable.
- Thinks of himself/herself as an unlovable person.
- Uses work to avoid personal relationships.

Ambivalent (dis-inhibited) Attachment Disorder

Individuals who have this form of attachment disorder can feel very confused when it comes to getting close to others. They are fearful of getting hurt, and struggle with forming emotional bonds. Because their emotions are often conflicted, they can demand attention and affection from their partner, as well as from strangers. They often struggle with trusting others' intentions and, like those who suffer with inhibited attachment, they suppress emotions. However, unlike those with an inhibited attachment disorder, this group of people can often find it difficult to control their immediate response to a situation or a person and can appear insensitive and uncaring.

Some of the symptoms of ambivalent attachment disorder are that the individual:

Has a compulsive care-giving nature.

- Desires excessive intimate contact and declarations of affection from his/her partner.
- Can feel over-involved and under-appreciated in his/ her work or relationships.

- Tends to idealise others.
- Can be very jealous.
- Experiences mood swings and extreme emotions.
- Finds it hard to maintain a long-term relationship.
- Tends to be emotionally overindulgent in a relationship.
- Feels that other people are very difficult to understand.
- Finds his/her relationships imbalanced.
- Can be possessive.
- Tends to be exceedingly dependent on his/her relationships.
- Finds a sense of security only when in a relationship.
- Is very sensitive to any form of rejection.
- Suffers from depression.
- Can be suicidal.
- Finds his/her partner unpredictable.
- Feels unlovable or undesired by others.

Individuals who suffer with either form of attachment disorder can display both characteristics at different times in their lives and in different relationships. They can be confused when struggling to form emotionally close relationships because their perceived need to be independent and not rely on others can be experienced by their friends and partners as a form of rejection. They are unlikely to be fully invested in their romantic relationships and can find it very difficult to support their partners during stressful times. They may view their partners less positively than themselves and never completely trust them. Being emotionally distant, they are unlikely to experience any remorse or regret when breaking up from what, at the time, seemed like a loving relationship.

SOCIAL ANXIETY

"Nobody realises that some people expend tremendous energy merely trying to be normal."

Albert Camus

Social anxiety is the fear of interaction with other people that brings on self-consciousness, feelings of being negatively judged and, as a result, leads to avoidance.

It is now widely accepted that childhood abuse can lead to all sorts of anxiety disorders, social anxiety and depression being most common among them. In the United States, epidemiological studies have recently pegged social anxiety disorder as the third largest psychological disorder in the country, after depression and alcoholism. Millions of people all over the world suffer from this devastating condition every day. For some it can make even the simplest of social interactions traumatic.

Individuals with social anxiety disorder usually experience significant emotional distress in the following situations:

- Being introduced to other people.
- Being teased or criticized.
- Being the centre of attention.
- Being watched while doing something.
- Meeting people in authority.
- Most social encounters, especially with strangers.
- Introducing yourself in a group situation.
- Interpersonal relationships, whether friendships or romantic.

The physiological manifestations that accompany social anxiety may include intense fear, racing heart, turning red or blushing, excessive sweating, dry throat and mouth, trembling. When you suffer with social anxiety you are very aware of how irrational your feelings can be, but awareness doesn't seem to make any difference.

Social anxiety disorder almost didn't make it into this book as we all took full responsibility for our perceived social inadequacies. Through research we discovered that our responses were not only perfectly normal, but they were also a result of the abuse.

Each time we delve into our behaviour both past and present we discover there is a perfectly good explanation for everything we did and felt. Discovering there is research out there all this time to explain most if not all the feelings that made our life hell for so long is sad. To think knowledge like this could have made such a difference to us and definitely would have alleviated much of our suffering.

We are aware that many people can suffer from social anxiety who have not been sexually abused. It is a condition that has many reasons for developing. Bulling, low self-esteem, shyness experiencing an unpleasant or embarrassing social situation can be just a few reasons why it can develop.

However, for abuse victims' social anxiety is fed from their intense feelings of worthlessness and the shame and guilt they carry as a result of their abuse. It can contribute to individuals remaining trapped in a cycle of self-judgment and a desire to isolate or remove themselves from everyday social situations. Social anxiety will not go away on its own it requires professional help to challenge the thoughts and beliefs that cause the anxiety.

VICTIM MENTALITY

'I, also, decided to get rid of the need of approval. That is a strong addiction, the need of approval, isn't it? that I'm on the patch right now, actually. It releases small doses of approval until I no longer crave it. And I'm going to rip it off!'

Ellen DeGeneres

A victim is a person who 'feels powerless and unable to take action to resolve situations in their lives'. This feeling of powerlessness is a learned behaviour. It is most likely the result of the child's experiences of unmet needs over a prolonged period of time. In some cases, as a direct result of being a victim, a child can develop a habitual negative pattern of thinking, known as a 'victim mentality'.

This pattern of negative thinking develops when an individual gets stuck in a stage of development where they believe they are not capable of taking care of their own needs. A victim mentality can produce adults who subconsciously feel that others are responsible for both their experiences and for fulfilling their needs. They can act in a way that is entitled, overly demanding, and can display an attitude of blaming and complaining. As Brenè Brown explains, 'Blame is a way to discharge pain and discomfort.'

Individuals who are unaware of their victim mentality are dependent on others in order to feel safe, emotionally good and to experience belonging and love. They often have very low self-esteem and live in fear of being left to fend for themselves, and this, in turn, can attract victimisers and controllers into their lives. These repeated patterns of thinking will continue until the individual resets their core belief of '*I am not good enough*' with '*I am enough*'.

SHAME VERSUS GUILT

'To be shame-bound means that whenever you feel any feeling, need or drive, you immediately feel ashamed. The dynamic core of your human life is grounded in your feelings, needs and drives. When these are bound by shame, you are shamed to the core.'

John Bradshaw

Throughout this book we constantly refer to the levels of shame and guilt experienced by survivors of childhood sexual abuse. In this section we will explain the difference between shame and guilt, how each is experienced and the damage each does to a child's personal thoughts and feelings. We felt that gaining an awareness of both shame and guilt helped in our recovery.

Shame and guilt are not the same, even though most people use them in conjunction with one another. Shame's main focus is on the self, 'I am not good enough', 'I am bad', 'I am stupid', 'I am ugly'. Secrecy, silence and judgement are what feed shame, eating away at the very part of us that believes we are capable of change.

According to Brenè Brown, shame drives two very strong messages:

- *You are never good enough*
- *Who do you think you are?*

Shame is constantly reaffirming the negative thoughts and beliefs that a person has about them- self. Shame is also strongly linked with aggression and depression. Shame feeds into the unattainable expectations someone places on themselves. It's one of the reasons people set unreachable goals. It is down to

shame that survivors remain on a cycle of self-judgement, adopt addictive behaviours to numb them self in an attempt to avoid the pain they are feeling.

The experience of childhood sexual abuse moves victims towards numbing them self. Numbing the abuse is understandable but the very act of numbing and what method is chosen to achieve the required level of numbing, will determine how victims experience friends, family and the world they live in.

Numbing is not selective and in order to numb the betrayal, pain, deception and loss incurred through your experience of abuse, victims also numb all the positive emotions that they could experience. Feelings such as vulnerability, love and creativity.

The method chosen to numb feelings is what leads to addiction. Survivors can use food, drink, sex, drugs or medication, all with the intention of blocking the pain and attempting to stop the images and memories of the abuse.

The only antidote for shame is empathy. This will stop the harsh judgements survivors place on them self and replace them with compassion and understanding. Shame cannot exist in this environment. Just like a weed, if you cut off its food supply, it will die.

Guilt is experienced very differently to shame. Guilt's main focus is on behaviour. Such as, 'I have done something wrong.' If you fully understand both shame and guilt, then you'll understand that guilt is by far the easier of the two to deal with because by its very nature, it is a catapult for change. It is guilt that helps you acknowledge when we do something wrong and, if you are healthy, you can simply apologise, forgive yourself and move on. Unfortunately, fear and shame can get

mixed in with the guilt, so acknowledging when a mistake has been made becomes much more difficult for survivors of childhood sexual abuse. Having low self-esteem, lack of confidence, fear of confrontation and a victim mentality can be factors that impede a survivor's progress.

Guilt can cause a disconnection from an experience which, in turn, can feed the feelings of unworthiness, of not being good enough and of not belonging. Guilt, like shame, cannot survive in an environment of compassion and understanding. Empathy can best be reached through self-awareness.

TRUST

‘We’re never so vulnerable than when we trust someone but, paradoxically, if we cannot trust, neither can we find joy.’

Walter Anderson

The word ‘trust’ is small, but it has huge implications on our ability to function in the world. Trust is both an emotional and a logical act that plays a vital role in our ability to form meaningful relationships. We are hard-wired to form connections, but without the ability to trust, we cannot make those connections.

Victims of childhood sexual abuse struggle with all kinds of trust issues. These can range from the ability to trust their own thoughts, instincts, judgements or beliefs to their ability to form relationships. They are full of self-doubt. This lack of personal trust impedes the victim’s ability to carry out fairly basic transactions, for example, return a book to the library, go to the shop alone or make a phone call. These basic transactions can be dreadful for victims because the fear of appearing stupid becomes extreme in these situations.

Trust at all levels requires a degree of exposing our vulnerabilities and the expectation that those we give our trust to will not exploit us. Those expectations, whether met or unmet will determine the degree to which we trust another person. With no trust, we cannot communicate without the fear of being hurt or deceived.

The lack of trust can lead to loneliness, isolation, paranoia, insecurity, arguments and a loss of self-esteem. A child’s trust, particularly towards a parent, is total, and is given freely without fear or question. To have this trust broken through the

act of childhood sexual abuse is horrific and goes to the very core of the child's being. Fear vulnerability and utter confusion are the predominant emotions in the absence of trust. This level of betrayal alters a child's development permanently, long after the physical pain of the abuse has left their body.

Trust between a parent and child is important for a number of reasons. When a child experiences trust with his or her parent, it helps form brain connections providing a calming experience that enables the child's nervous system to develop properly.

Since trust affects the development of the nervous system it explains why it can be difficult for children who have suffered sexual abuse to learn. The nervous system, which can be compared to a powerful computer controlling the functioning of the body and the brain, doesn't work for victims like that of other children who did not experience abuse. The nervous system is on constant alert. Victims may have difficulty concentrating, learning new things, holding on to memories and feeling anything other than fear.

A landmark report, published in 2000 by the Committee on Integrating the Science of Early Childhood Development, found that when a child feels safe the results are eagerness to learn, healthy self-awareness, trust and sympathy.

Ironically, victims of sexual abuse may feel safe with the abuser regardless of the fact that s/he is the one abusing them. This is learned behaviour and a result of the grooming process. Trust in childhood helps children to communicate and form relationships throughout their life. The lack of trust in childhood can cause insecurity and confusion about their identity.

The long-term damage to the victim's life that occurs as a direct result of the abuse is immeasurable. Emotions associated with

trust include companionship, friendship, love, agreement, relaxation and comfort. With trust issues life can become extremely difficult for victims to navigate when choosing friends or partners. Low self-esteem and poor self-image can lead to persistent problems with poor judgement and can add to the individual's sense of inadequacy.

This is just part of the complex cocktail of emotions going on inside the minds of victims making it difficult to form meaningful relationships. Trust requires the victim to take a chance on the other person, you could even describe it as a leap of faith. This is all the more difficult if the victim is emotionally stunted as a result of abuse.

Unconscious behaviour patterns can increase the difficulty for victim's to be aware of why they find it difficult to form relationships. They may surround themselves with many people and never really form any close friendships. They may be the type to stick to one close friend in an attempt to form a real connection, but inevitably the trust issues will eventually affect the validity of this relationship.

Revisiting the abuse can enable the victim to see clearly that they were an innocent child, a victim of a crime. Armed with this new awareness they can slowly learn to release negative feelings and eventually they will begin to trust themselves, their memories and their emotions, which will, in turn, alleviate the fear about making connections.

COPING MECHANISMS

*'Sometimes it is better to know some of the questions than
all of the answers'*

James Thurber

Coping mechanisms develop instinctively during abuse. Although we were not aware of this at the time, research provided the names for what we actually did in our lives to survive. Compartmentalisation is one word used to describe how we locked away bad experiences in our mind. It is something that happens unconsciously, but it is the body's way of helping you through a really bad time. It is referred to as a coping mechanism which is a behaviour that allowed us to live while not constantly reliving the abuse we were suffering.

Dissociation is another coping skill we used. It's the ability we all had to remove ourselves from the abuse mentally. For example, staring at a point on the ceiling taking the focus off what was happening. This is one form of dissociation or pushing all thoughts of the abuse away.

There are many coping skills we picked up throughout our lives, but we were not aware of them. These skills came in many forms and can be used habitually. Some can be perceived as positive or negative depending on where you are in your life. For instance, exercise, achieving in education or sport can be seen as positive. However, if the achieving turns to over achieving things may change. Also, the use of drugs, sex, alcohol or food can be coping mechanisms. Moderation is the key indicator in defining if these are coping mechanisms or normal behaviours.

Regardless of what you use to get through life, the reason and the lack of moderation involved usually indicates that you have identified something you are using as a crutch.

This can be a good place to begin learning about yourself. Whatever you use to manage your life must be examined in order to begin the healing process. When you have full understanding of not only the mechanisms used, but the reasons they were chosen, you will be able to see things more clearly. Each victim develops ways of coping that relates to their own emotional and psychological state, which then becomes part of who they are.

McLeod (2008) states: 'Memories banished to the unconscious or unacceptable drives or urges do not disappear. They continue to exert a powerful influence on behaviour. The forces, which try to keep painful or socially undesirable thoughts and memories out of the conscious mind, are termed defense mechanisms'.

ABOUT THE AUTHORS

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."

Maya Angelou

We are three sisters from a family of ten children who grew up in Dublin, Ireland, in the 1960's. We were strongly influenced by our surroundings of poverty and a culture where no one spoke about what happened in their homes.

This culture ensured we keep our 'Secret' without ever questioning if we had a choice. We were each being sexually abused daily by our Father and regardless of how we felt about what was happening, at the time we each believed it was only happening to 'ME'.

It's hard to imagine how we lived through the trauma or how we all emerged out the other end, but here we are. We can now look back with gratitude that our experience set us on a path of self-discovery and personal growth.

It is through our deep understanding of ourselves and our behaviors and all of the complexities that arise from sexual abuse that we now believe we are in a position to help others.

It is our intention to contribute to the eradication of childhood sexual abuse using our knowledge and understanding of the impacts that sexual abuse has on its immediate and secondary victims.

Our aims are to promote open discussions on childhood sexual abuse. Encouraging recognition that a change in perspectives on how perpetrators are currently viewed by society is necessary. We will through the telling of our own story provide an in-depth; picture of childhood sexual abuse to prevent minimizing or underestimation of its impacts. We will strongly push for compulsory and substantial training on all crimes of a sexual nature for all members of the legal system but with particular emphasis on judges. We also wish to raise awareness of the suffering of the many secondary victims in our communities who can often find themselves ostracized for a crime they did not commit.

PREVIOUS PUBLICATIONS

"It has never been easy for me to understand why people work so hard to create something beautiful, but then refuse to share it with anyone, for fear of criticism."

Elizabeth Gilbert

[Click, Click](#), our first book was published in 2011 and tells the story of our childhood abuse. It took us 20 years to complete and was a very difficult book to write.

Our intention when writing the book was to provide the child's perspective to ensure that there was a clear understanding of exactly what abuse is and also to prevent abusers romanticizing or lying to themselves about what they were doing to children.

This required that we each revisit our abuse and write about it as if it was actually happening then and there. The process along with our discussions about the insights we gathered while writing are what is contained within the book.

Our approach to writing was not easy and we often had to walk away from the book for months or even years at a time to allow healing to occur.

We knew we had to complete the book so no matter how difficult it was to write, we kept returning to it until it was done. Healing the wounds of our past meant we could finally move forward with our lives and that is exactly what we have done.

Our second book [‘Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse,’](#) published in 2017 took six years to complete. This book demonstrates all the learning and growth that has occurred since the completion of our first book.

Initially it was a surprise to us that people were constantly asking us how we ‘got over’ our abuse as it was something we never thought about. We soon realised we had more work to do, not only on ourselves but for the many other victims of sexual abuse.

We began our process of discussing, writing, challenging, researching and at times, just as with [‘Click, Click,’](#) we had to walk away for a period of time to allow us to integrate the learning and allow more growth to occur.

With this book we finally felt like adults, standing on our own two feet, taking control and full responsibility for our lives. We grew up with this book and it was not without a cost. Growth can be painful at times. Finally, [‘Why Go Back? 7 Steps to Healing from Childhood Sexual abuse,’](#) was complete and we were filled with pride. The process of writing this book has healed a lot of our past hurts and we know in our hearts it will do the same for others.

We have come so far and the process of writing the content for [‘Click, Click’](#) and later [‘Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse.’](#) is a huge contributing factor. Changing the beliefs, we held around our personal responsibility for what had happened to us was vital for us to move forward.

Today we are happier than we could ever have hoped to be and want to help other survivors of childhood sexual abuse take their own healing journey.

We are now the proud Authors of two books. '[Click, Click](#)', and '[Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse](#).'

We are also looking forward to publishing a number of FREE to download workbooks along with a Workbook that will be a companion to '[Why Go Back? 7 Steps to Healing from Childhood Sexual Abuse](#).' in early 2018.

Get in touch! thekavanaghsisters@gmail.com
Visit our website www.thekavanaghsisters.com

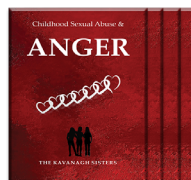
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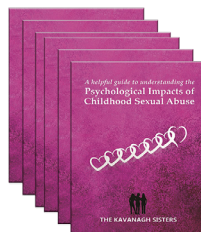
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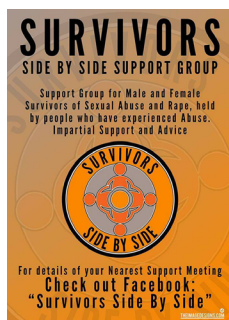


WHY GO BACK?
7 Steps to Healing from
Childhood Sexual Abuse



USEFUL CONTACT NUMBERS

Organisation	Phone Number
DUBLIN RAPE CRISIS CENTRE	1800 77 8888
Athlone Midland Rape Crisis Centre	1800 306 600
Carlow & South Leinster Rape Crisis Centre	1800 727 737
Sexual Violence Centre Cork	1800 496 496
Donegal Sexual Abuse & Rape Crisis Centre	1800 4488 44
Galway Rape Crisis Centre	1800 355 355
Kerry Rape & Sexual Abuse Centre	1800 633 333
Kilkenny Rape Crisis & Sexual Abuse Counselling	1800 478 478
Mayo Rape Crisis Centre	1800 234 900
Rape Crisis Midwest (Limerick)	1800 311 511
Rape Crisis Midwest (Nenagh & Clare Outreach Services)	1800 311 511
Rape Crisis Northeast (Louth)	1800 212 122
Rape Crisis & Sexual Abuse Counsellign Centre for Sligo, Leitrim & West Cavan	1800 750 780
Tipperary Regional Sexual Abuse Rape Crisis Centre	1800 340 340
Tullamore Regional Sexual Abuse & Rape Crisis Centre	057 932 2500
Waterford Rape & Sexual Abuse Centre	1800 296 296
Wexford Rape & Sexual Abuse Support Services	1800 33 00 33
NEXUS NI	028 9032 6803
ONE IN FOUR	01 662 4070
SMARITANS (UK)	116 123
PIETA HOUSE	01 628 2111



This facebook page has been set up by Shaneda Daly a survivor of sexual abuse, to help other victims, their families and friends.

She is currently in the process of setting up countrywide support groups Survivors Side by Side Support Group

[Survivors Side by Side Support Group](#)

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

Theodore Roosevelt

A helpful guide to understanding the
**Psychological Impacts of
Childhood Sexual Abuse**



THE KAVANAGH SISTERS