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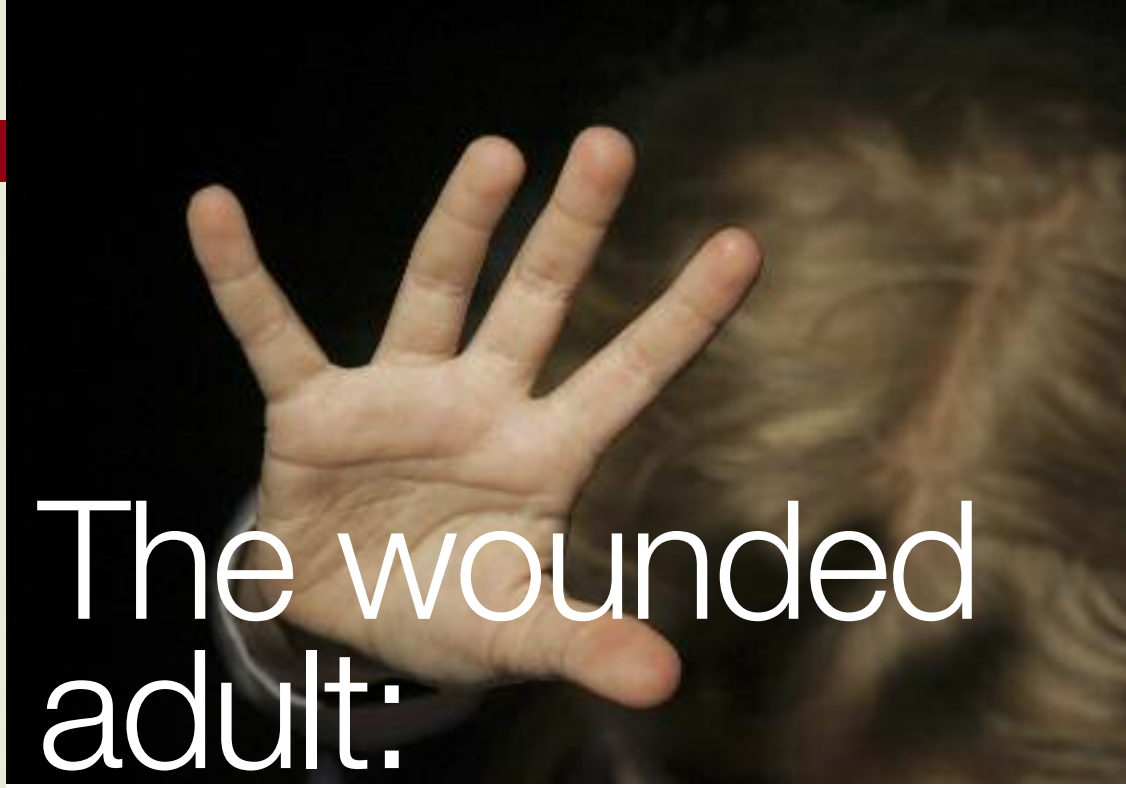

The wounded adult:

helping adult survivors of child abuse

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There are more than two million Australian adult survivors of childhood trauma. Many present to their GPs with problems related to their abuse or trauma. GPs who are aware and informed can make a big difference to how these people can be helped. This in turn can affect patients' long-term health and wellbeing.

Key points

- About one in every six adults in Australia is a survivor of childhood trauma.
- A patient's childhood traumas may be affecting his or her health now.
- Be aware of the possibility of underlying childhood trauma in a patient of any age.
- Listen and validate a patient's feelings.
- Provide patients with information about how their abuse may be affecting them.
- Encourage self-care and a support network.
- Be clear about what GPs can do for patients who have experienced childhood trauma, and refer these patients appropriately.

As child abuse is reported more often in the media, more child abuse survivors are seeking help: many will come to their GP. Some will disclose their abuse for the first time. Others will not have acknowledged their trauma but their health and daily functioning will still be affected.

All forms of childhood trauma can profoundly affect the developing brain and a person's physical and emotional health, development and wellbeing. Without the right help, these impacts can continue through adulthood into old age.

Adverse childhood experiences include not only all forms of abuse and neglect and the impacts of living with domestic violence but also the impacts of parental mental illness, substance abuse, divorce and separation. Other traumas children can be affected by include natural disasters, war trauma and being refugees.

The trauma of child abuse, however, often has global and pervasive effects because it is interpersonal, intentional and often repeated, prolonged and extreme. Studies have shown that appropriate programs and therapeutic support can significantly reduce the legacy of childhood trauma and abuse (see the list of Further reading).

This article explores the impacts of childhood

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trauma, and outlines how GPs can best care for adult survivors of childhood trauma.

WHAT IS CHILD ABUSE?

The WHO defines child abuse as follows: 'Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power'.[1]

Child abuse is a misuse of power and betrayal of trust. It also includes the impact of experiencing or witnessing domestic violence.

HOW MANY CHILDHOOD TRAUMA SURVIVORS ARE THERE?

Because child abuse and neglect are secret crimes, children have difficulty in disclosing and being believed, and finding evidence to substantiate the crime is challenging. Official figures are considered to significantly underestimate the frequency of abuse and neglect; existing figures of annual rates continue to remain high.

An Australian study found that of 21,000 people over the age of 60 years from five Australian states, 6.7% reported having been physically abused as children, 6.5% reported being sexually abused, 10% reported either and 3% both.[2] These figures do not include those children who were emotionally abused or neglected, or those who were forced to live with or witness domestic violence. Research suggests that the true number of adult survivors is much higher than generally thought: one in five women and one in seven men.

WHAT ARE THE DIFFERENT TYPES OF CHILD ABUSE?

Emotional abuse

Emotional abuse is the failure of adult caregivers to nurture a child and provide the love and security required to support the child's healthy development. Emotionally abusive behaviours include verbally abusing, terrorising, scapegoating, isolating, rejecting and ignoring a child.

Symptoms and signs

Adults emotionally abused as children are more likely to experience mental health problems and difficulties in personal relationships. Many of the harms of physical and sexual abuse are related to the emotional abuse that accompanies them.

Emotionally abused people are often more withdrawn and emotionally disengaged than their peers. Adults with emotionally abusive parents have difficulty forming personal, professional and romantic relationships since they may easily misinterpret other people's behaviour and social cues, or misapply the rules that governed their abusive relationship with their parent or caregiver to everyday social situations.

Neglect

Neglect refers to the failure (usually by the parent) to provide for a child's essential needs such as adequate food, shelter, clothing, supervision, hygiene and medical attention. Neglect can also encompass the failure to relate empathically to the child and to either consider or address the child's psychological and emotional needs.

Both emotional abuse and neglect involve a breakdown of the child's early attachment relationships with a parent or primary caregiver. The attachment insecurity and disorganisation that results affects the child's relationship with him- or herself, and his or her sense of self, as well as relationships with others, both in childhood and as an adult.

Symptoms and signs

The symptoms and signs of neglect relate both to the health consequences of a failure to provide for a child's physical needs, such as ignoring medical and dental needs and providing a poor diet, as well as the effects of the accompanying emotional abuse.

Physical abuse

Physical abuse is the purposeful or careless causing of physical harm, including punching, beating, shaking, biting, burning or otherwise physically hurting a child.

Symptoms and signs

Adults physically abused in childhood are at increased risk of either aggressive and violent behaviour or shy and avoidant behaviour, both of which can lead to rejection and/or re-victimisation. Men with a history of physical abuse in childhood are particularly prone to violent behaviour and are over-represented among violent and sexual offenders.

Sexual abuse

In child sexual abuse, a child is abused for the sexual gratification of an adult or older adolescent who is in a position of power or control over the child. It can involve direct or nondirect sexual contact and includes, but is not limited to, the manipulation or coercion of a child into sexual activity, child prostitution or child pornography.

Sexual abuse may involve threats and physical force, but also often involves subtle forms of manipulation, in which the child believes that the activity is an expression of love, or that he or she brought the abuse upon him- or herself. Such grooming behaviour, as well as the physiological sexual arousal that can occur, can cause a lot of confusion for a child.

Symptoms and signs

Child sexual abuse often causes an inappropriate sense of shame, guilt and self-blame in the child. These feelings can continue into adulthood, and these adults are more likely to experience eating disorders, depression, substance abuse and suicide attempts, and to struggle with relationships and intimacy, both sexual and nonsexual.

Domestic/family violence

Domestic violence is the use of violence and the threat of violence to control a partner, children and other family members. Witnessing domestic violence is a form of emotional abuse. Most family violence is enacted by men against women and children, although women also commit violent offences within families.

Symptoms and signs

Adults exposed to domestic violence as children can exhibit depression, suicidality and self-harming behaviours and participate in substance abuse. Women growing up with family violence are more likely to be victimised in adulthood, whereas men are more likely to commit violent offences in adulthood.

Figure. Addressing the core issues of their trauma enables adults who have been abused as children to more forward.

HOW ARE SURVIVORS AFFECTED BY ABUSE?

Resilience

The psychological impact of child abuse varies with the type of abuse and its severity, the gender of the victim and perpetrator, the duration of and time since the abuse, the victim's disposition and biopsychological factors.

Biopsychological factors include the effects of early stress on brain development and the mitigating factors of safety and security, as well as on brain structure, especially that of the limbic system and the cerebral cortex. The quality of the early attachment relationship with the child's primary caregiver also has a significant impact on the developing child's physiology.

Personality factors, including self-esteem and coping strategies, are important in determining a victim's resilience, as are the family environment, family members' reactions to disclosure and the presence of social support.

Physical and emotional impacts

Because abused children are constantly anticipating danger, their nervous systems run on a constant high, flooding their bodies with fight-or-flight hormones. Many adult survivors remain in a state of chronic 'hyperarousal' long after the threat has dissipated, withdrawing and isolating themselves to try to stay safe. As children, they were often betrayed by the very adults who were meant to nurture and protect them. Re-establishing trust can be a core issue in recovery.

Children who have been subjected to abuse exhibit changes in cortisol production as an adaptive response to their negatively stressful environment. Alterations in cortisol levels, either an increase or a decrease, can cause a number of long-term physical and psychological health concerns. The more a child is in a state of hyperarousal, the more likely he or she is to have neuropsychiatric symptoms following trauma.[3]

Neuroendocrine dysregulation associated with repeated abuse and resulting stress can cause changes in attention, impulse control, sleep patterns and fine motor control. A history of child abuse and neglect can make even basic day-to-day activities such as eating, sleeping, working and studying very difficult.

Childhood trauma and abuse can lead to 'chronic, negative expectations and perceptions around safety, trust, esteem, intimacy and control'. This can lead to difficulties with forming and sustaining relationships and feelings of low self-worth.

Survivors are often out of touch with their feelings: confused by emotions or reactions they cannot explain. This confusion often persists into adult life, resulting in heightened experiences of anxiety, grief, shame, self-blame and guilt, alienation, hopelessness, helplessness and powerlessness. Survivors often live with chronic distress and pain. They may try to regulate their emotions through alcohol, drugs, sex, gambling or other compulsive behaviours. Many survivors also cut or burn themselves out of despair.

Mental health impacts

Studies show that child abuse survivors are almost two and a half times as likely to have poor mental health outcomes, four times more likely to be unhappy even in much later life, and three to five times more likely to experience a major depressive episode during their life.[2,4] Of adults reporting child physical abuse and neglect, 76% experience at least one psychiatric disorder in their lifetime and

POSSIBLE SIGNS THAT AN ADULT WAS ABUSED AS A CHILD

- Suicidal thoughts or actions, self-injury and self-neglect
- Abuse or neglect of patient's own children, or re-perpetration
- Sexual dysfunction, prostitution or promiscuity
- Gynaecological or prostate problems
- Sleep disturbances
- Gastrointestinal tract disorders, including irritable bowel syndrome
- Chronic pain disorders: back pain, headache and chronic abdominal pain

nearly 50% have three or more psychiatric disorders.[5]

Abuse survivors may experience the following psychiatric disorders, all of which may be related to past trauma:

- anxiety disorders, including post-traumatic stress disorder (PTSD)
- borderline personality disorder
- depression and other affective disorders, including suicidality
- eating disorders
- psychotic disorders, including schizophrenia
- dissociative disorders
- addictive disorders/behaviours
- somatoform disorders
- sexual disorders.

Post-traumatic stress disorder

Symptoms of post-traumatic stress disorder (PTSD) include intrusive re-experiencing of the trauma in nightmares or flashbacks, avoidance of situations associated with the trauma, inability to recall part of the trauma and emotional numbing, as well as hyperarousal.

Personality disorders

Borderline personality disorder (BPD) is one of a group of personality disorders characterised by distressing emotional states, difficulty in relating to other people and self-harming behaviour. Individuals with the diagnosis of BPD display a 'hypersensitivity to real or imagined abandonment; disturbances in self-identity; intense or unstable relationships; alternating idealisation or devaluation of themselves or others; compulsive, risky and sometimes self-damaging behaviours'.[6]

Dissociative disorders

Childhood abuse has also been associated with a range of dissociative disorders. The *DSM-IV* defines dissociative disorders as 'a disruption of the usually integrated functions of consciousness, memory, identity or perception of the environment'. Symptoms of dissociation can range from altered awareness and out-of-body experiences to compartmentalisation, whereby instead of information within the cognitive system being integrated, it is stored without its usual connections.

Trauma-based approach

Although the medical model is based on diagnosis, the complex repercussions of childhood trauma/abuse do not fit neatly into diagnoses. The whole premise of the medical model is the principle that something is wrong with a person, whereas a trauma-informed approach acknowledges that something very wrong has happened to the person. A trauma informed approach stresses the need to understand the effects of traumatic life events on the development of individuals and the extreme coping strategies people often adopt to survive. These coping strategies are a child's way of managing the impacts of overwhelming traumatic stress, and many of these defences or coping strategies, in the absence of alternatives, persist into adult life. Coping strategies such as substance abuse, suicidality and self-harming behaviours appear extreme, but in the context of trauma they make perfect sense.

The trauma experienced by survivors of childhood abuse may be core to their difficulties and awareness of it pivotal to their process of recovery, but the trauma itself is seldom identified or addressed. Without addressing the core issues of their trauma, these people will continue to struggle with daily functioning.

Other effects of childhood abuse and trauma

Adult survivors are more likely to have poor physical health. Childhood abuse increases the risk of having three or more medical diseases, including cardiovascular disease in women.[2]

There is an increased risk of other negative social and lifestyle issues, including a higher prevalence of broken relationships; lower rates of marriage in late life; lower levels of social support and an increased risk of living alone; and an increased likelihood of smoking, substance abuse and physical inactivity.[2] Having been abused as a child also puts people at risk of abuse in later life: 39% of survivors have experienced other or multiple assaults in their life.[7]

Symptoms and signs that may point to a history of childhood abuse are included in the box on this page.

PARENTING ISSUES

Adult survivors of child abuse can face particular challenges when they become parents. In abusive households, children do not receive a model of consistent and fair parenting. This can cause difficulties for survivors around the setting of clear boundaries and the establishing of constructive discipline and limits.

Attachment theory suggests that early childhood relationships are internalised and mirrored in other relationships throughout a person's life, including those of parent to child. Studies suggest that without intervention approximately 30% of adults maltreated as children will go on to maltreat their children in some way.[8]

Counselling and therapeutic support

HOW TO APPROACH A SURVIVOR OF CHILDHOOD ABUSE

- Listen sensitively and without judgement.
- Acknowledge the patient's feelings and validate his or her experience.
- Avoid surprises. Do not approach from behind or without warning. Try to avoid standing over a patient.
- Always take the time to explain what you plan to do. This is especially important with intrusive examinations or procedures involving instruments.
- Schedule an extra appointment or more time to allow more discussion, or suggest a trusted friend accompanies the patient.
- Ask the patient what he or she needs to feel more comfortable. Standard medical procedures may make abuse survivors nervous. Any situation reminiscent of the abuse should be avoided.
- Some survivors cannot easily identify their own needs. You may need to exercise additional care to discern these.

KEY STRATEGIES TO SUPPORT SURVIVORS

It is important that GPs consider their approach and strategies in supporting survivors of child abuse before they find themselves faced with a disclosure.

- If the patient chooses to disclose then you, the GP, should be prepared to facilitate it.* If a patient does disclose, validate his or her feelings and indicate that you believe him or her. Help the patient to feel safe.
- If the patient is struggling to understand their symptoms, help him or her understand how he or she might be affected by the abuse. His or her depressive symptoms, panic attacks, suicidal ideation and self-harm may indicate unacknowledged and unaddressed childhood trauma, as may eating disorders or addictive behaviours.
- If the patient is not motivated to deal with his or her abuse issues directly, offer strategies to help address other health issues, many of which may be related, e.g. lifestyle issues (smoking, substance abuse, diet, exercise).
- If you suspect abuse but the patient has not acknowledged it, it is best not to push the issue but rather remain supportive and leave the door open for future disclosure. Never urge a patient to disclose.
- Encourage the patient to care and nurture him or herself. Self-care can be very challenging for survivors of child abuse as many abused children grow up believing that they do not deserve love, care or warmth.
- Encourage the patient to seek support from trusted friends or family so he or she is not trying to deal with his or her abuse in isolation.
- If the patient is at risk or in crisis then ensure that he or she receives the appropriate mental health care for his or her immediate needs.
- Be clear as to what you, as a GP, are able to do. Refer when necessary but be careful not to minimise the patient's experience or to imply that it is too hard to manage. It is easy for survivors to feel abandoned and rejected.
- If you feel that childhood abuse could be a contributing factor in the patient's presenting symptoms and are unsure as to how best to provide support, refer the patient to a health care professional who is qualified and experienced in dealing with trauma.

*Facilitating disclosure: survivors are more likely to disclose their abuse in a safe supportive environment and when the person receiving the disclosure is understanding, interested, open and willing to listen nonjudgementally, and confidentiality is assured.

can help adult survivors of child abuse gain insight into their patterns of behaviour and provide tools for positive change (see Further reading section). The provision of additional supports for families at risk and parenting courses to help improve parenting styles can make a significant difference to the safety and wellbeing of future generations.

WHEN TO SUSPECT PAST CHILD ABUSE OR TRAUMA

Statistics indicate that every general practice will have a number of adult survivors. Because traumatic events are often deeply suppressed or not acknowledged, it is important to maintain a high index of suspicion around child abuse/trauma.

Although the signs described in the box on page 54 do not necessarily indicate a history of abuse, the possibility of a traumatic background as a primary cause should be considered when they are unexplained or persistent, particularly after appropriate treatment.

If it is suspected that a patient was abused in childhood, consider asking the following questions:

- 'Did you have any experiences that you remember as traumatic in your childhood?'
- 'Can you think of anything in your childhood that might account for the way you are feeling?'
- 'Can you tell me if you had a parent or carer who was frightened a lot of the time or was your parent or carer frightening a lot of the time?'

When talking to survivors, it is important to follow a few principles that will help them feel safe (see the box on page 56).

TREATMENT AND SUPPORT

GPs can play a key role in assisting the survivors of child abuse in their practices. However, it is important that the possible approaches and strategies are considered before the GP is faced with a disclosure from a patient (see the box on page 56).

Many survivors of childhood trauma have not attributed their physical pain or symptoms to their mental and emotional trauma or understood the significance of body (somatic) memories associated with their childhood abuse. Child abuse often involves experiences of fear, betrayal and powerlessness – experiences that a child cannot understand or explain. Such experiences can become 'implicit' or nonverbal memories (sometimes called 'body memories'), which means that, when the memory returns, it does so with the physical sensations and emotional force of the original experience. These experiences, sometimes called 'flashbacks', can be terrifying. Most survivors will have symptoms rather than complete memories.

Understanding the impacts of their abuse will help patients understand their symptoms. It will also help them understand why they have struggled for so long, and enable them to start to move forward. GPs may choose to provide information and support to help their patients in the initial stages of their journey of recovery from childhood abuse.

Not all patients will be motivated to undertake or be able to engage in a recovery journey (an active process focused on their abuse and its impact) at a particular time. They will be likely to seek advice, help and support for different trauma-related issues at different times.

The case studies in the box on this page illustrate how people have coped with being abused when they were young.

CASE STUDIES

If Geoff, Kay or Lesley presented at your practice, would you know how to help them?

Geoff

Geoff, aged 46 years, was sexually abused as a child, first by his female babysitter and then by an old man involved with his baseball club. He thought it was his fault and that no one would believe him if he told his story.

'Like many sexual abuse survivors, I developed some addictive behaviours and looked for ways to "get a normal life". I became a policeman, married and had children. I lived what appeared from the outside to be a successful life, but I was constantly struggling with suicidal thoughts to escape from the pain within.'

- Geoff was diagnosed with post-traumatic stress disorder and depression, and feels fortunate to have the support of many people who have helped him overcome his ordeal.

Kay

Kay, aged 65 years, was first sexually abused at the age of 5 years by two great-uncles. She was then placed in the care of her uncle, who abused and exploited her until she was in her mid-20s. By the time she had the mental strength to report the crime to police, her uncle had died.

'I was suicidal and depressed as my uncle continued to offer me to other men, whom he invited to the house, while he watched me being raped. I didn't report the abuse at that time because I felt no one would believe me.'

Kay had an abortion following a sexual assault when she was 30 years old and decided to consult a doctor about her continuing chronic distress. She was treated for depression. Some 35 years later, she still feels unsafe, insecure and suffers from insomnia.

- Had Kay been able to speak about her abuse earlier or had the GP she consulted considered the possibility of childhood trauma underlying her depression, the long-term impacts of her abuse may have been ameliorated. Being aware of the possibility can make a big difference to long-term outcomes.

Lesley

Lesley, aged 62 years, was born to a mother who did not want a child. 'I felt totally unsupported by my parents and spent most of my free time away from the house, playing on the streets or at friends' houses.' One day, while playing with a group of 12- and 13-year-old boys, she was raped. 'They decided to tie me to a tree and one after the other (all five of them) had sex with me at knife-point and threatened to kill me if I screamed or told anyone.'

Lesley developed severe anxiety attacks and came to Australia on a working holiday, got a job and made friends, but still suffered from loneliness and bouts of depression. 'I started drinking every night after work, and in my drunken state would frequently wake up in someone's bed feeling ashamed of myself.'

- With support from a therapist and Adults Surviving Child Abuse, Lesley feels she is now in control of her life. However, she is 'hyper-vigilant, and intimacy and relationships still present a huge challenge'.

A USEFUL RESOURCE

Adults Surviving Child Abuse (ASCA) is an Australian charity for adult survivors of child abuse. It offers free workshops for adult survivors of child abuse, education and training for health professionals, daytime telephone support and a referral database of therapists and services. See www.asca.org.au or call 1300 657 380 for more information.

Commonly used therapeutic models

Medication can help minimise the anxiety, depression and insomnia that survivors of childhood abuse often experience, and can help relieve the distress caused by traumatic memories in some patients with PTSD. Medical practitioners often use cognitive behavioural therapy (CBT) in combination with medication.

CBT works with cognitions to change thoughts, emotions and behaviours. In a safe, controlled context, the patient is encouraged to face and gain control of the fear and distress that was overwhelming during the trauma. While CBT has its place, some professionals consider that it fails to address the complex trauma experienced by many survivors of childhood trauma.

As discussed earlier, in the medical model survivors are categorised by their symptoms, without attention to the meaning, function and causes of these symptoms, whereas a trauma-based approach serves to normalise symptoms and behaviours. The trauma-based approach views the individual as having been harmed by something or, more often, some person or persons. Instead of asking clients 'What is wrong with you?', it asks: 'What happened to you?'

'Trauma models' used by professionals that patients may be referred to include the following:

- self-trauma model
- somatic trauma therapy
- post-traumatic stress model
- dialectical behaviour therapy (DBT)
- psychodynamic psychotherapy
- narrative therapy
- person-centred (humanist) models
- psycho-education
- survivor therapy.

These therapeutic models can be used integratively or individually, although an integrative approach is often of value.

Referral

Helping a patient understand their feelings, reactions and patterns of behaviour, past and present, and the link between

A PERSONAL INSIGHT

Dr Kezelman is a survivor of childhood trauma. She was forced to give up practice as a GP when the death of a relative brought her childhood sexual abuse issues to the fore. She became anxious, developed panic attacks and sank into a deep depression and for several years battled with suicide. She found that her medical training gave her little insight into her own mental health and abuse issues. Her process of recovery and beyond has been chronicled in a memoir, *Innocence Revisited: A Tale in Parts* (JoJo Publishing, 2010).

these and their trauma, is key to their recovery. Guiding a patient through this process can be protracted. It requires patience and understanding and the establishment of safety and trust. It also often requires specialist skills and training.

For patients wishing to explore these issues and their impacts further, an appropriate referral to a health practitioner or service with particular expertise and experience in dealing with trauma is indicated. This may be a psychologist, psychiatrist or other trained trauma therapist, or one of the few specialist services available.

CONCLUSION

Child abuse survivors in Australia are frequent users of inpatient, crisis, residential and support services. Many have not connected their current problems and behaviours with their prior trauma, nor have their health professionals.

GPs can play a key role in a trauma survivor's process of recovery. However, they must remain open to the possibility of childhood abuse or trauma and be ready to hear, listen and validate each person's experience. Referral of patients to appropriate healthcare practitioners or agencies will help them towards a healthier and more constructive future. MT

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