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<https://reachmd.com/programs/primary-care-today/the-lasting-effects-of-childhood-sexual-abuse-fighting-the-lifelong-battle/10715/>

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The Lasting Effects of Childhood Sexual Abuse: Fighting the Lifelong Battle

Dr. McDonough:

You may not know this, but there are approximately 21 million mothers in America who have experienced childhood sexual abuse. I'm Dr. Brian McDonough. Welcome to Primary Care Today on ReachMD. And when you think about it, some of our patients... In fact, there's a good chance some of our patients have been victims of abuse themselves. How do we deal with it, and how do we help them through the trials and the changes and, perhaps, the flashbacks, things that can occur?

My guest today is Dr. Teresa Gil. She is an author of *Women Who Were Sexually Abused as Children: Mothering, Resilience, and Protecting the Next Generation*. She's a psychotherapist, professor, and trainer, and she works in private practice and tries to help women and children and families deal with addictions and recovering from childhood abuse and trauma.

Dr. Gil, first of all, welcome to Primary Care Today.

Dr. Gil:

Thank you for having me.

Dr. McDonough:

I guess my first question is: In your life, you can tell as much or as little as you want about what

happened to you, but what sort of trauma did that leave you later, like reliving it and dealing with it, and how have you coped?

Dr. Gil:

I think that nobody goes through life unscathed and everybody has a story to tell, but I think, in particular, women who have had experiences of sexual abuse or something that they call complex trauma, which is ongoing, repetitive trauma—and many times sexual abuse also comes with physical abuse and verbal abuse and sometimes neglect—and that kind of trauma sets mothers apart from many people who have not experienced that. So, I think when we talk about mothers who have been sexually abused, they many times experience things like posttraumatic stress disorder, and that really interferes with their mothering abilities and their mothering capacities.

Dr. McDonough:

Let's talk about some examples. I mean, first of all, before you even have children, dealing with a relationship with a man after you've been abused, was that difficult for you, for your clients? I mean, what do you see that... Is that initial barrier a concern trying to kind of meet someone and trust them?

Dr. Gil:

Trust is a huge issue when it comes to survivors because what they learned from their childhood experiences is that you can't trust anybody, and that if you do trust, that you're going to get hurt, so many times they come into relationships really defended. And there are 2 types of clients many times, ones that are hypervigilant, and anybody that poses any kind of a threat, they many times are overreactive, and then we have clients who are hypoactive in terms of they are kind of depressed and kind of disassociated, and so they're not able to really set limits in their relationships with other people. So, sometimes men pick these women who are kind of disassociated and depressed to have relationships with because they don't set limits. But either way, sometimes a history of abuse will get reenacted in adulthood where women will get into conflictual relationships that mirror their family issues.

Dr. McDonough:

Well, I was going to ask that. Many times when people are victims of abuse, it could certainly be a one-time incident—

Dr. Gil:

Right.

Dr. McDonough:

—they could be a stranger, but people who are in families where maybe it happens more often or it's

part of the family life, it has to leave lingering psychological effects where it may affect the person years later when they have their own families.

Dr. Gil:

Exactly. So, what we find is the research shows that for women, as children, if they lived with the abuser or the abuser was a family member, the chances of them telling somebody about the abuse is much less than if the abuser did not live at home. We also find that if the abuser lived at home, the victim was more likely to leave home and run away at 16, 17 or 18, more likely to get pregnant, more likely not to be married and more likely not to finish high school. So, here you have a little one who's 16 or 17, leaves home, doesn't finish high school, has a child out of wedlock and now is experiencing poverty and isolation, and many times those are kind of like the criteria that creates the trauma on the next generation in terms of her not having the supports or the models to be a different mother than how she was mothered as a child.

Dr. McDonough:

So, when you're working with people who are in this situation and you're helping them, this is not easy. This is clearly not something that you can just say, "Hey, get a bright, fresh outlook and things will go..." You've got economic challenges, psychological challenges, physical challenges, all those things wrapped up into one. How do you even begin to break through and try to help?

Dr. Gil:

Well, it's interesting. When I did my own research and I interviewed women with histories of abuse, I asked them, "What helped you to survive?" And all of them said that they had 1 person in their life that they trusted, that they were close to. So, a protective factor for them in childhood and as an adult was like a grandmother, or a sibling, or a family member like a mother who they felt that they could trust and they were close to, but they also said their therapist was really important. Many of them said that their therapist was like the mother they didn't have. Their therapist helped model to them how to be a good mother, and their therapist taught them how to be kind and also how to be attentive to someone and taught them communication skills, things that they didn't learn when they were children. So, having a therapist with a relationship that they could trust was really important, so that's the first thing as a therapist or as a friend or an ally to a mother with a history of abuse is to create a safe bonding relationship with them.

Dr. McDonough:

I'm Dr. Brian McDonough. You're listening to Primary Care Today on ReachMD, and my guest is Dr. Teresa Gil. She is the author of *Women Who Were Sexually Abused as Children: Mothering, Resilience, and Protecting the Next Generation*.

And for these mothers who are dealing with life and dealing with the different issues, you had some suggested questions—and I always like to read through these things when you read through the book—but the one question that was very interesting, and you can explain it for me, is: Can the simple act of hugging your child trigger flashbacks? Tell me a little bit about what happens in those cases and why these flashbacks would be triggered.

Dr. Gil:

That's the really sad part, and I think that's what differentiates moms with a history of sexual abuse from other types of survivor moms from like physical abuse and neglect is that many times survivor moms of sexual abuse have posttraumatic stress disorder, and their posttraumatic stress disorder comes from their childhood, so when they do things like hug their child, it may trigger a memory of when their perpetrator hugged them. So, like one woman said, when she was bathing her child, she was having flashbacks of her own abuse, and at the time she didn't understand it. She thought, "Oh, my God. Why am I thinking these things when I'm bathing my child?" So she became terrified, and she said, "I didn't feel like I could talk to my doctor, I didn't feel like I could talk to my friends, I didn't feel like I could talk to my husband, and I felt like I was going crazy." So, what she did is that she relegated all the kind of intimate, emotional caregiving to her husband, so he was the one that held her daughter and read to her daughter and put her daughter to bed, and she would do the things like cooking and cleaning and the laundry and more of the managerial caretaking.

Dr. McDonough:

So, it really can have that impact years later. I guess that's where counseling helps too, because that person, that woman, felt like she was alone and that she couldn't understand. She needed someone to guide her. What about private...

Dr. Gil:

She thought she was going crazy, and she thought that maybe she was a perpetrator, and it wasn't until she came into therapy where she could get a diagnosis of, "That's posttraumatic stress disorder. That's flashbacks. That's a trigger. That's not about you as a mother today. That's about your history, and it's kind of bleeding into present time, and we need to begin to separate those things." And she needed then to tell her husband about her own childhood history of abuse so that he could be a support system to her.

Dr. McDonough:

When you look back at your own life and your own situation, is this a driving reason why you chose the field you did to help others?

Dr. Gil:

Well, I'm not a survivor of abuse, but how the population came to me is that I was actually interviewed by a group of women who wanted to start a survivors group—and this was about 30 years ago—so they interviewed a bunch of therapists, and they actually hired their own therapist and paid out-of-pocket their own therapist. I was the therapist that they hired. And many of the women that were in that group were also recovering addicts and were in AA, and when they would tell their story, women would come to them and say, "Who's your therapist?" And then they would be sent to me. So, over a period of time, unwittingly I became an expert in the area of working with women with histories of abuse, and particularly sexual abuse.

Dr. McDonough:

That's interesting. So, it was more or less you were brought into it by a number of women who had that concern. And obviously, through working with them, you can't help but learn more and read more, learn from them and come up with different types of treatments that are out there.

We only have about 4 or 5 minutes to go, but for a family practice doctor who's out there who is seeing patients, some of these a people... Obviously, some victims, as you say, won't talk about it; there's no way of knowing. Are there any things we should be asking our patients to maybe cue in a little bit on this? Do you flat out just say, "Have you ever been sexually abused?" What would your approach be to someone, especially if they are maybe a new family—you've got mom and a couple kids—or new to the family practice?

Dr. Gil:

Well, the interesting thing about asking a survivor, "Have you been sexually abused?" is many of them may not know or own it until their 20s, 30s or 40s because of how they posed it when they were younger. So, one woman I was working with, when I asked her, "When did you decide you were a sexual abuse survivor?" she said, "Not until I was 42," she said, "because before that I said I was just molested." So, under being "just molested"—and that's how she framed it—whenever she would hear things about sexual abuse, it had nothing to do with her. And then one day it just clicked. And maybe when it's safe enough and you feel like you can handle it, maybe you're not in denial anymore.

So, I don't think a straight out question like that will work for everybody, but they do have something called an Adverse Childhood Experiences test, and there are a number of questions that can be asked and for someone who's coming in for either a physical exam or going to therapy. And the Adverse Childhood Experiences looks at things in terms of child abuse, so emotional, physical and sexual abuse, and neglect in terms of emotional and physical neglect, but also other kinds of challenges like having a mother who had been treated violently, mental illness in the family, divorce or separation. So, there actually is a test, and you ask somebody to check off, "Have you experienced any of these 10

things?”

So, we know that in studies that if you have a high ACE score by the time you're 18 years old, then the chances of having poor outcomes in physical and mental and social functioning is increased. And we know things like the life expectancy of somebody who has 6 or more ACEs is 20 years less than somebody who has an ACE score of zero. And we also know that if you have 7 or more ACEs, that your chances of having a suicide attempt is 3100% more. So, doing just that Adverse Childhood Experience Test with clients can help you gain a lot of information in terms of what their mental health struggles are and also in terms of predicting things like suicide or increased drug use, etc.

Dr. McDonough:

Dr. Teresa Gil, I want to thank you for joining us on Primary Care Today on ReachMD. Dr. Gil is author of *Women Who Were Sexually Abused As Children: Mothering, Resilience, and Protecting the Next Generation*. I want to thank you. And your last words are so telling. These are questions we need to ask because you're also talking about shortened life span; you're talking about the risk of suicide, all of these things that come into play. It's a lifelong battle. And I want to thank you so much for taking the time to join us.

Dr. Gil:

Thank you for having me.

Dr. McDonough:

I'm Dr. Brian McDonough. If you missed any of this program, you can download the podcast; you can hear it at any time. I'll talk to you next time.