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CASE STUDY

Adult vicarious victims of child sexual abuse

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ABSTRACT *Sexual difficulties are common in adults who were sexually abused as children. By definition, these difficulties affect their partners, who have been referred to a 'vicarious victims' of that abuse. This case study illustrates vicarious victimization of both marital partners, neither of whom was directly abused, through the husband's knowledge of his sister being abused by their father. It also illustrates the importance of identifying correctly the underlying automatic, negative beliefs when combining cognitive and behavioural interventions.*

Introduction

Jehu (1988) refers to the partners of adult victims of child sexual abuse as often becoming 'vicarious victims' of the abuse. This means that victims can bring to their adult relationships negative attributions concerning people of the same sex as their abuser, sex and sexuality or both which give rise to general marital relationship difficulties and specific sexual difficulties.

Sexual difficulties may not become apparent until several years into the relationship when an event or series of events 'triggers' negative sexual associations. Examples of such events include increased closeness and commitment in the relationship, the loss of procreation as a goal and the arrival or sexual maturation of children (Douglas *et al.*, 1989).

The bulk of the literature on adult survivors of child sexual abuse refers to female survivors and their partners (e.g. Jehu, 1988; Douglas *et al.*, 1989; Cahill *et al.*, 1991). The female member of the duo was the victim of the actual abuse but her (usually male) partner suffers sexually and/or emotionally as a result of fears and attributions which she brings to the relationship. In effect, they have a joint problem as a result of the negative experiences of one of them and intervention procedures are geared towards treating it as such (Masters & Johnson, 1970; Bancroft, 1983; Hawton, 1985; Jehu, 1988; Douglas *et al.*, 1989).

In the case presented here, however, neither partner had been a direct victim of child sexual abuse and the presenting problem was manifested in the male partner.

Further, the problems only become severe enough for them to seek help when the children's decreased dependence prompted the wife to seek to become more sexually adventurous, causing the husband's anxiety, avoidance and disinterest to increase.

Background

Michael (32) and Adelle (33) were referred as a couple by their GP following their joint visit to him to seek help with Michael's difficulty in obtaining and maintaining an erection. They had been married for 11 years, following an 18 month courtship. They have three children, two boys aged eight and four and a girl aged three. Adelle had been raised by both her natural parents whom she described as being anxious about sexual matters, not discussing them and avoiding them where possible. When Michael was five years old, his natural father had been arrested for child molestation. His mother divorced his father shortly after and later re-married. He described his step-father in warm and affectionate terms and the family had been open (but not intrusive) on most matters—including sex and sexuality.

Although the offence for which his father was arrested was not perpetrated against a family member he had in fact abused Michael's sister over at least a four year period. The sister actively recalls being abused between the ages of four and eight years and remembers being afraid of being left alone with her father before then. She is three years older than Michael, so for the period she recalls actual abuse he would have been one to five years old. He has no recollection of being abused and his mother can remember nothing now which would indicate that he was (unlike his sister, whose physical and emotional difficulties during this period, and for some time after, his mother attributes with hindsight to her being abused).

The couple had experienced problems in their sexual relationship from its commencement four months after they met. Adelle did describe herself, however, as having been sexually naïve and, through reading and hearing of other women's sexual experiences, had recently decided she wanted to be more adventurous. She reported that she enjoyed and needed sex, wanted to make love more often and not just in one position or just in the bedroom. She realized that, although she had in the past often 'done it' for Michael, she had nevertheless enjoyed sex, even when she was tired and would initially have preferred to go to sleep. Her desire to be more sexually adventurous had coincided with the children's dependence decreasing and her consequently having more time and energy to devote to her sexual life.

Michael, on the other hand, had started to lose interest in sex and, as a self-employed businessman, had put in steadily longer hours at work, often away from home. He described himself as "the male equivalent of a woman who has a headache", with sex being one of the last things he thought about. He admitted, however, that there were large elements of denial and avoidance in both his attitude and his behaviour, saying that he had seen, ". . . no problem when I know there is one".

Session 1

Individual histories (including the above) were obtained from Michael and Adelle.

Adelle felt a failure and undesirable at “. . . not being able to turn him on”, despite repeated attempts—often only wearing ‘pretty underwear’. She was now seeing Michael’s lack of sexual interest actually as a lack of love for her.

Although Michael still found Adelle very attractive, he was finding less and less time and when lovemaking did occur, he was usually unable to obtain or maintain an erection. To add to his problems, he was feeling inadequate as his workers’ general banter implied that they were all having or wanting sex every night. He said that although “. . . not being refused would be paradise to most blokes”, he did not “. . . want to use Adelle as a sexual object”.

It was put to Michael that, knowing of his sister’s abuse, he had confused adult loving sex with sexual abuse, despite Adelle’s stated desire to be seen (amongst many other things) as an object of sexual desire to him. He revealed that when his sister disclosed the fact that she had been abused (when he was 14 years old), he recalled that at about the age of five years he had walked into the parental bedroom. His father was in there with his sister, became extremely angry and shouted at him to get out. His sister confirmed that he had, in fact, walked in on their father while he was abusing her. He seems to have repressed what he actually saw as, although he remembers the incident, he does not recall what was actually happening, nor does he wish to. He does, however, remember being terrified, running downstairs and sobbing. He had told Adelle of this memory only a few days before this first session and both felt it played a significant role in his interpretation of taking up her sexual invitations as ‘using her’ as a sexual object and in his general lack of sexual interest.

Using standard definitions of child sexual abuse (Jehu, 1988), Michael was able to draw a distinction between voluntary, adult, caring sex and sexual victimization. This first session concluded with them being given a list of 10 common sexual myths about male and female sexuality and the information which refutes them (adapted from Cole & Dryden, 1991). They were asked to use this list and their knowledge of each other to generate some realistic and achievable expectations of their future sexual relationship. No attempt was made at this session to intervene directly in the sexual relationship.

Session 2

Michael reported at the beginning of this session that he no longer saw responding to Adelle’s sexual needs as using her or being abusive towards her. Nor did he regard wishing to have his own sexual needs met as putting her in a victim position.

They had discussed the list and their needs and had decided that they both wanted ‘passion and variety’ from their relationship. This was operationalized into the form of wishing to experiment with new techniques, times and places. Having decided that, however, they had attempted to make love only for Michael to be unable to obtain an erection. There were, therefore, set a non-genital sensate-focus exercise (Hawton, 1985).

Session 3

For the first two days following the previous session, Michael and Adelle had argued but had recognized this as being a return to avoidance strategies. They had subsequently carried out the sensate focus exercises.

Michael reported that he had enjoyed stimulating Adelle and she had enjoyed being stimulated. She had, in fact, felt aroused all through the session and being stimulated had heightened her arousal. Michael, however, had felt aroused and obtained an erection while 'stroking' her but had lost it when she 'stroked' him. He explained this by saying that he always preferred to give rather than to receive. Adelle concurred that she sees him as giving in other situations. She had, in fact, felt at one time that he wanted her to have an affair in order to meet her own sexual needs. He did not agree that he wanted her to have an affair but would have understood if she had. Upon questioning, however, this seemed more like a rationalization of Michael's need to avoid the threat of sexual contact while understanding her need to obtain it. It was also a 'safe' assertion as she had neither the desire nor the intention to take a lover. Michael accepted that he had felt threatened by her sexual desire but did see the mutual advantages of it.

They felt safe to move to the 'genital' stage of sensate-focus and the procedure was explained to them (Hawton, 1985), with the instruction to go through the non-genital stage again before moving on.

Session 4

In Adelle's case, a similar pattern to that disclosed in Session 3 emerged. She had felt aroused during the whole sensate-focus. Her arousal was higher while she was being stimulated. Michael had felt highly aroused and had an erection for the whole time that he was stimulating Adelle. It had, however, begun to wane when she stimulated him. He had "... enjoyed it mentally but not physically".

When asked if they had incorporated oral stimulation, they replied that they had. Adelle felt she had failed as she could not "find any sensitive parts at all" on Michael's body. His arousal had diminished as she stimulated him, only for his erection to disappear completely when she attempted to fellate him. When it was pointed out that oral stimulation is amongst the most intense forms of stimulation and exactly the opposite effect would have been predicted for this, Michael concurred and repeated his assertion that "mentally" he found it enjoyable, but "physically" had experienced no enjoyment. He felt distracted by thoughts that what Adelle was doing was demeaning for her. Her response to this was requested and she replied that she had felt in control of what was happening, ordinarily found it enjoyable and in no way demeaning. She had instead felt disappointed at her 'failure' to arouse him even with such an intense form of stimulation. At this point, Michael became distressed and asked, "If I let myself enjoy it, what am I going to turn into?".

When asked what he meant by this, he replied that he was afraid he might become like his father if he allowed himself to experience his full potential for sexual

arousal. Upon questioning, this became a fear that he *would* become like his father if he did. This was challenged by presenting him with information on sexual addiction (Carnes, 1990) and what motivates abusers, enables them to abuse and obtain their victims' silence in order to continue and even worsen the abuse (Wolf, 1984; Araj & Finkelhor, 1986; Conte *et al.*, 1989; Christiansen & Blake, 1990). He was then asked if he could see himself in any of this. He replied that he could not. Adelle was asked if she could see Michael in any of this. She also replied that she could not and had never had any reason to doubt Michael from either his own behaviour and attitude or those of the children.

He was asked if he had or has any sexual feelings towards children—his own or anyone else's. He replied, "No, never". He was asked if he thought that if someone else were to appreciate fully their own sexuality and that of their partner (for example, Adelle) would that mean that they were liable to become child sexual offenders? He replied, "Of course not."

Finally, he was asked how likely it was that he would become such an offender if he had none of the characteristics, typical history or intentions, had no sexual desire for children and would not expect anyone else like him to become one in the circumstances described. He replied that it was not at all likely. The couple were asked to go away and repeat the 'genital' sensate-focus stage bearing all this mind. The 'tease' technique was also explained to them (Hawton, 1985).

Session 5

Michael reported that he now felt relaxed, confident in the knowledge that he would not "turn into an ogre". He and Adelle both felt a lot more comfortable sexually. They had repeated the 'genital' sensate-focus, both found it arousing and exciting, Michael had experienced no difficulty in obtaining an erection or regaining it during the 'teasing'. Adelle had again found the whole experience arousing and enjoyable. Michael had felt no emotional discomfort but intense arousal when stimulated orally by her. He no longer believed that anything which occurred between them sexually was demeaning, abusive or victimizing.

The 'Containment' stage was explained to them (Hawton, 1985) and a further appointment arranged.

Session 6

Michael began by apologizing for 'cheating'. They had progressed through 'Containment' to full intercourse with movement. He felt especially confident as he had lost his erection at one stage and got it back again—a deliberate 'tease' on Adelle's part. Both reported feeling extremely confident about the future and were looking forward to experimenting sexually.

Their 'avoidance' tactics had been abandoned and they were spending a lot more time together. As a consequence, they felt that their relationship had improved generally. A six-month follow-up was arranged and at the time of writing (one

month after the final session), no contact has been made by them in response to a specific request to re-establish contact should any problems emerge.

Conclusions

Neither Michael nor Adelle had suffered direct sexual abuse (although Michael's experience when a child can be seen as indirectly abusive). They had, however, become vicarious victims of his unfortunate sister's abuse. Michael's confusion of consenting adult sex with abusive sex was quickly identified and successfully challenged, but no progress was made until the underlying, more disturbing fear that he would become a sexual abuser if he were to give full reign to his own sexuality, was identified and challenged. The effect of doing this was dramatic, enabling him not only to accept and meet his own sexual needs, but allowing Adelle to do likewise.

Michael's sister has since approached her GP and been referred by him in order to deal with the long-term effects of her abuse.

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