Good Morning. I am honored to join the groups of speakers we have heard so far today. It has been a morning filled with great gifts and great grace. My own offering to you today is to contextualize the characteristics of childhood and adolescent sexual abuse; to present the experience of early sexual trauma through the lens of the victim; to make accessible the most common after-effects of childhood sexual abuse; and to suggest a few vital components of the healing process. I do this based on fifteen years of clinical work with men and women who were sexually violated as young people. To succeed, however, I need your help and a brief story best conveys what I mean by that.

Several years ago, my beloved stepson, Daniel Patrick Timothy O’Dea, recommended that I read a fantasy trilogy authored by Terry Brooks. In the first book of the series, the young hero, sets out on a quest in search of the magical Sword of Shannara. A weapon of enormous power, the secret of the sword is that, when lifted by the sword bearer, it reveals to him every aspect of his being. All the good, unpleasant
and truly hideous facets of his personality are reflected back to him in the blade of the sword. If the sword carrier can stand what he sees, he then can wield the sword to do great good and to fend off the worst evil. Most who raise the Sword of Shannara, however, cannot bear to see themselves so fully revealed and are destroyed.

Today, I ask each one of you metaphorically to lift a Sword of Shannara; to open your hearts and souls to all that the Catholic Church has been, is, and could be under your care. I ask you to stare courageously at the full complement of great good and great harm enacted by you and your brethren and, especially, to reflect on your role in the devastation of childhood and adolescent sexual abuse perpetrated by priests.

Claude Levi-Strauss declared that, “the prohibition of incest stands at the dawn of culture,” and, if fact, represents culture itself. Make no mistake about it. The sexual violation of a child or adolescent by a priest IS incest. It is a sexual and relational transgression perpetrated by THE father of the child’s extended family; a man in whom the child is taught from birth to trust above everyone else in his life, to trust second only to God. Priest abuse IS incest.

Despite the cultural universality of the incest taboo, violation of sexual boundaries between adults and children is a universal phenomenon. Data collected over the past two decades inform us that about one third of all females and about one fourth of all males are sexually abused in some way prior to the age of 18. These numbers hold up worldwide. From Italy to Ireland to India; from Thailand to Mexico; in Canada and the Middle East, children’s physical and psychic boundaries are violated sexually with alarming frequency. Thus, the sexual victimization of minors is not just an American problem nor is it just a priestly problem. Rather, sexual exploitation of the young is a worldwide
scandal in which Catholic priests have participated as fully and as secretly as have other men across the globe.

So far in these remarks, I have used the commonly accepted term, “sexual abuse,” to describe an adult’s sexual traumatization of a child or adolescent. In fact, however, “sexual abuse,” is short-hand terminology for what more accurately is named the relational betrayal of a minor, by an adult who is in a position of authority with the child, and who exploits his own and his victim’s sexuality to subjectively empower himself, by utterly dominating the physical, psychological, and spiritual experiences of the victim. No wonder we use shorthand. From the victim’s perspective, however, sexually executed relational abuse is the most meaningful way of conceptualizing that which we call sexual abuse.

As we have read in the media and heard today, sexual abuse victims often are young people for whom something or someone is missing. They yearn for an adult who sees them, hears them, understands them, makes time for them, and enjoys their company. Unfortunately, the sexual predator is exquisitely attuned to the emotional and relational needs of potential victims. Like Fr. Geoghan seeking out fatherless children, sexual abusers ingratiate themselves into the lives of their victims, evoking respect, trust and dependency long before the first touch takes place. When the perpetrator does introduce sexual activity into the relationship, the confused child or adolescent is so emotionally entwined with his victimizer and so fearful of losing the abuser’s affection and apparent nurturing that, usually, he readily and silently complies with the sexual activities imposed upon him.
There are those who devalue survivors of childhood and, especially, adolescent sexual abuse for not disclosing their victimizations when they were occurring. Secrecy, however, is the acknowledged cornerstone of sexual abuse. Some perpetrators overtly extract secrecy by suggesting that the victim will be blamed for the abuse, then taken from her home and placed in an orphanage. They say that telling would destroy and even kill the perpetrator who would never see the victim again. Or, they threaten that if the victim discloses, the perpetrator will harm her or members of her family. Sexual abusers may also blame the victim, accusing her of seducing the predator, thus filling the victim with the shame and self-loathing more appropriately experienced by the victimizer. In a more covert covenant of secrecy, the abuser provides the victim with gifts and special privileges that both buy silence and instill terrible and long lasting guilt.

In addition, many abused minors maintain silence because they accurately perceive that there is no one in their environment who will help them if they disclose. It is more hopeful for a child to preserve a fantasy that IF he told, someone would protect him than it is to reveal the abuse to another who ignores, blames, or re-abuses him. Finally, children and teenagers do not disclose the sexual abuse secret because they care for the perpetrator. A central cruelty of sexual abuse, in fact, is the perpetrator’s trampling of the young person’s generously and freely bestowed affection and respect.

It is from this epicenter of betrayed trust that the mind splitting impact of sexual abuse ripples outward. The victim of early sexual violation simply cannot reconcile the respected figure who may help him with his homework, teach him how to throw a curve ball, or take him to the local hockey game with the sexually overstimulated and overstimulating man presenting an erect penis to suck. It is simply too much and the
resulting fracture of the victim’s mind and experience often leads to a debilitating post-traumatic stress disorder that affects every domain of the victim’s functioning and lasts for years and years after the abuse has stopped.

Let me now guide you on a tour through the corridors of a psyche twisted by sexual transgression. It is a trip through a traumatogenically constructed, psychological House of Horrors in which experiences of self and other are grotesquely distorted and terrifying images unexpectedly pop out from seemingly safe places. The visitor lurches from one emotional shock to another in an interior atmosphere of darkness, one punctuated only by frightening flashing lights and nightmarish unreality. Our first stop is the organization of the victim’s images of self and others.

When a young person is being abused, the psychological shock is so great that the normal self cannot absorb or make sense of what is happening to it. In a valiant attempt to cope with the overwhelming overstimulation and sense of betrayal literally embodied in sexual trauma, the self splits using the psychic mechanism of dissociation. The normal operation of dissociation allows, for example, each of us to drive ten miles and then “come to” with no memory of the time just past. For the victim of child or adolescent sexual violation, however, dissociation is an exponentially more dramatic process, one that serves as both a blessing and a curse.

On the one hand, by entering into an entirely different state of consciousness while being abused, the victim preserves a functional and safe self who is removed from the trauma and is therefore able learn, grow, play, and work. Many a patient has reported for instance, that she – the self recognized as “I” – floated above the bed on which that “other kid” – the alienated victim self – was being abused. On the other hand, the curse
of dissociation condemns the state of self who experienced the abuse to a trapped existence in the inner world of the survivor, a place dominated by terror, impotent but seething rage, and grief for which there literally are no words. Because trauma impels the brain to process events quickly and in a state of organismic hyperarousal, verbalizing pathways are bypassed. Instead, the sexual violations are encoded by the child and retrieved by the survivor as non-verbal, often highly disorganizing feelings, somatic states, anxieties, recurring nightmares, flashbacks, and sometimes dangerous behaviors.

Often, the adult survivor’s life is wracked by unexpected regressions to his victimized self that are triggered by seemingly neutral stimuli. Much as the Vietnam Vet who hits the floor during a thunderstorm is, in a very real way, back in the Mekong Delta seconds before his buddy’s skull is blown off, so too the sexual abuse survivor may be triggered into a regression by something or someone reminiscent of his earlier traumas. No longer firmly located in the present, the survivor thinks, feels, experiences his body, and behaves as the victim he once was, badly confusing himself and those around him. For victims of priest abuse, a Roman collar, the scent of incense, light streaming through stained glass at a certain time of day, organ music, or most certainly, interacting with priests and bishops about their abuse may well evoke the appearance of usually dissociated self states.

Coexisting with the violated, terrorized, grief stricken victim self, the adult survivor of sexual abuse has within her a state of being that is identified with the perpetrator. Through this unconscious ongoing bond to the predator, the survivor preserves her attachment to the abuser by becoming like him in some ways. When threatened by experiences of helplessness, vulnerability or anticipated betrayal, the
survivor unconsciously accesses this self-state to gain a sense of empowerment. Subjectively experiencing herself as righteously indignant, the survivor may enact at times breathtaking boundary smashing, cold contempt, and red-hot rage. Not surprisingly, survivors are sickened by the thought that they resemble in any way their perpetrators and therefore avert their gaze from their own Swords of Shannara for long periods of time lest they fragment even further at the sight of their own abusive tendencies.

I want to be clear here that I am not talking about the victim becoming sexually abusive. While that can happen, it is exceedingly rare. Rather, the survivor enacts with some frequency some aspects of the perpetrator’s lack of respect for others. It is important for therapists and, in this case bishops, to recognize that the clay of the survivor’s abuser self was molded quite literally by the hands of a master – the sexual and relational victimizer. While those in relationship with survivors can model setting limits on what they will tolerate in relationship with another, an empathic understanding of the source of the survivor’s sometimes outrageous behavior is essential to hold in mind.

Finally, the sexual abuse survivor sometimes may enact a long split-off aspect of self that is greedy, grandiose, and insatiably entitled. It is an element of self that remains out of awareness for a long time. There comes a day in every survivor’s recovery, however, upon which he fully comprehends what was so cruelly taken from him. Further personal growth and healing requires that the survivor then mourn the childhood or adolescence that never was, the defensively idealized caretakers who never existed, and perhaps most poignantly, the self that could have been had trust, hope, and possibility not been so brutally shattered.
I cannot exaggerate nor can I adequately convey the soul searing pain of this phase of recovery. One patient, at this point in treatment, cried, “This is too much. I can’t stand it – I won’t – you can’t make me. I can deal with the abuse – maybe, perhaps. But the idea that I can’t go back, that my childhood is broken forever – I can’t live with that. I won’t know that I never was and never will be just a kid.”

Quite understandably, the sexual abuse survivor may act to avoid the ultimate mourning necessary to move on from the abuse and all that was stolen from him. Launching a lawsuit against the perpetrator or against those who abetted the abuser may be one strategy employed to deny unrecoverable loss while instead pursuing an illusion of full restitution of that which, tragically, never can be restored. No matter the amount of the ensuing financial settlement, a residue of emptiness and lost hope persists. At the core of the survivor’s being, the worst has happened yet again; he has been paid off to go away while life goes on relatively untouched for the perpetrator and those who shielded him.

Now let me be absolutely clear. Money can be a little better than nothing and nothing is mostly what the Church historically offered victims. Many survivors, in fact, resorted to lawsuits only after being stonewalled in their quest for more personal reparative gestures. Legal action, in this situation, represents a last ditch effort by the survivor to become an agent in his own life. Further, a lawsuit, when all else has failed, puts into action an understandable demand that the truth be told one way or another. In addition, many survivors need financial assistance for therapy, substance abuse rehabilitation, and educational or vocational training previously unattainable because of post-traumatic stress symptoms plaguing the victims. But money is not nearly enough,
no matter how much it is, and lump sum payments that are not individualized to meet the specific needs of each survivor fail to meet recovery needs. Rather, what serves healing well is much more difficult, much more personal, and much more humbling for clergy.

Real healing for survivors requires that priests, bishops, and cardinals conform to the template upon which rests the Sacrament of Reconciliation, the ritual cleansing of the soul in which Catholic priests profoundly believe. Real healing thus demands that Catholic clergy apologize personally to each and every victim of priest abuse; not through eloquent public letters but in face-to-face encounters. “Bless me, my son or daughter, for I have sinned.” The Vatican recently cautioned that the administration of group absolution is not an acceptable sacramental venue and that confessions should be heard individually and in private. So, too, survivors deserve to meet with those who have harmed them and to hear from clergy genuine confessions of failings and remorse.

Real healing must draw from the Church a deeply meaningful commitment that every priest, bishop, and cardinal will do everything in his power to prevent further priest abuse, and that he will act swiftly, decisively, and, above all, publicly to remove abusers from his ranks. Finally, cardinals, bishops and priests must do penance to restore each survivor’s trust in humanity as well as in the Church. Retreats and group processing sessions that include survivors, clergy, and professionals are just some possible approaches to restorative penance. Whatever penitential road is chosen, it is essential that the clergy of the Catholic Church put their mouths, souls, and physical beings where heretofore mostly only their money has been. It is right and it is needed for survivors of priest abuse to heal.
Leaving the realm of the sexual abuse survivor’s organization of self, we enter a related corridor on our tour, one in which we explore typical characteristics of the victim’s interpersonal relationships.

A survivor’s relationships with other people are hued and shaded by expectations and anxieties forged during their traumatic experiences. Approaching others from within the psychological confines of post-traumatic stress disorder, the trauma survivor exhibits rapidly shifting relational stances, painfully lurching from periods of extremely dependent clinging, to those marked by vicious rage aimed at the same person. Stark terror and tears can switch in an instant to cold aloofness, while warmth and vivacity may turn kaleidoscopically to paranoid suspicion. All this, of course, leads to many chaotically unstable relationships, often alternating with stretches of the loneliest isolation.

Perhaps needless to say, normal sexual functioning is almost impossible for most survivors until well into their recovery. Too often, sex, even with a trusted other, triggers terrifyingly disorganizing flashbacks during which survivors sometimes literally see the face of their abuser superimposed on the visage of their sexual partner and experience dreadful relivings of their sexual traumas. In addition, survivors frequently are disgusted by and ashamed of their own bodies and sexual strivings. Unfairly blaming their abuse on their own sexuality, they often desperately insist that it never would have happened were it not for their self-perceived horribly seductive bodies and deplorable sexual desires. Heterosexual boys abused by men additionally are tormented, wondering what it was about them that attracted the perpetrator. Sexual abuse survivors of all genders and sexual orientations are deprived of the right to grow gradually into a mature sexuality and, instead, are forced or seduced into premature sexual encounters they are emotionally
ill equipped to handle. As adults, therefore, these men and women often spin between periods of promiscuous and self-destructive sexual acting out and times of complete sexual shutdown during which, like burn victims, they experience the gentlest physical contact as excruciatingly painful.

Finally, there is a characteristic relational stance assumed by many sexual abuse survivors that is particularly germane to these proceedings. It involves others who did not abuse them but also did not protect them.

If it takes a community to raise a child, it also takes a community to abuse one so that whenever a minor is sexually violated, someone’s eyes are closed. Throughout history and in every segment of society, the most common response to the suspicion or even the disclosure of childhood sexual abuse has been self-defensive denial and dissociation. No one finds it easy to stand in the overwhelming and destabilizing reality of sexual abuse. Blindness, deafness, and elective mutism are responses endemic to many confronted by a victimized child, an adult survivor, or a perpetrating adult. To the extent, however, that the sexual victimization of a minor depends upon the silence of adults who knew, suspected, or should have known about the abuse, the burdens of shame and reparation reach beyond the perpetrator. In the case of the Church, it is not just abusing priests and abetting bishops who must lift a symbolic Sword of Shannara and face what is reflected back to them in its blade. Rather, every rectory housekeeper, every parish maintenance man, every religious woman or lay teacher, every parishioner – any of these individuals who once felt uneasy about a priest’s relationship with a young boy or girl and said nothing need ponder their inaction and resolve to behave protectively in the future. Zero tolerance must include the silent as well as the predatory.
What is important to recognize at this conference is that adult survivors of sexual abuse frequently are, at least initially, even angrier with adults who failed to protect them than they are with the perpetrator himself. Because the survivor’s internal relationship with his abuser is organized around paradoxical feelings of attachment and hate, he often feels freer to turn the full blast of his long pent-up rage and bitterness on those who did not protect him and who, in addition, failed to provide for him in ways the perpetrator seemed to, albeit at an unholy cost to the exploited child or adolescent.

Turning down another corridor on our tour of a psyche ravaged by early sexual trauma, we examine the impact of sexual abuse on the cognitive functioning of the victim and survivor. Part of what is overwhelmed during sexual abuse is the young person’s ability cognitively to contain, process, and put into words the enormity of the relational betrayal and physical impingement with which he is faced. It is striking and often bewildering to observe in adult survivors completely contradictory thought processes that ebb and flow with little predictability. One moment, you are speaking with an intelligent adult, capable of complex, flexible, abstract, and self-decentered thinking. Under sufficient internal or external stress, however, or in situations somehow reminiscent of her abuse, the cognitive integrity of the survivor shatters and she becomes locked in rigidly inflexible, self-centered thought patterns, simplistic black and white opinions devoid of nuance, and an immutable conviction that her future is destined to be both short and unalterably empty. For example, one survivor patient who worked as an investment banker was so intellectually gifted that she was considered a brilliant whiz kid in the competitive New York world of finance. When beset by psychological or interpersonal stimuli linked to her uncle’s sexual abuse, however, she became in her own words,
“stupid minded.” At those times, she literally could not think at all or could access only immature, disorganizing and panicky ways of thinking.

If a survivor’s cognitive functioning is severely ruptured by sexual abuse, his affective life, the next stop on our tour, is even more impaired. When a young person is sexually traumatized, the hyperarousal of the autonomic nervous system and the body’s subsequent attempt to restore order disrupt the brain’s neurochemical regulation of emotion. In addition, we are now learning that attachment relationships also impact upon the brain’s ability to modulate feelings, with traumatic attachment experiences interfering with effective neuropsychological regulation of affect. The brain of the sexually abused minor thus suffers a double assault. Both the sexual traumas themselves and the betrayal of an attachment relationship assail the flow of affect modulating neurochemicals.

As an adult, the survivor shifts – sometimes quite rapidly – between states of chaotically intense hyperarousal and deadened states of psychic numbing. This inability to modulate emotional arousal often leads to interpersonally inappropriate verbal or motoric actions when the survivor is hyperstimulated, and to similarly inappropriate emotional and psychomotor constriction as the individual moves into psychic numbing. Further, autonomic arousal becomes a generalized reaction to stress in the midst of which the sexual abuse survivor is unable to discern realistically the severity of a perceived threat. Instead of reacting at the actual level of psychological danger, the survivor may engage in seemingly irrational behaviors like temper tantrums or terrified withdrawal. These behaviors do no fit the present day situation but are perfectly complimentary to the now affectively revived earlier trauma.
Because of the damage done by sexual abuse to affective brain functioning, adult survivors often need psychotropic medications for some period of time during recovery. For some, their impairments are sufficiently intractable to require lifelong medication. These drugs are expensive and it would be a specific and reparative use of Church funds to provide survivors who are under the care of psychiatric professionals with the medications they need to function more adaptively.

We now are almost finished with our psychological tour and are about to enter what can be the most shocking corridor of all. Also partly due to disrupted brain functioning, sexual abuse survivors often display a truly spectacular array of self-destructive behaviors. They slice their arms, thighs, and genitalia with knives, razors, or shards of broken glass. They burn themselves with cigarettes, pull hair from their heads and pubic areas, walk through Central Park alone at night, play chicken with trains at railroad crossings, pick up strangers in bars to have unprotected and anonymous sex, drive recklessly at high speeds, gamble compulsively, and/or further destroy their minds and bodies with alcohol and the whole range of street drugs. Both male and female prostitutes tend to have backgrounds of early sexual abuse. Survivors also are two to three times more likely than adults without abuse histories to make at least one suicide attempt in their lives. Sometimes they die.

Survivor self-abuse performs a myriad of functions too complex to address adequately today. A quick inventory of a survivor’s motivations to act self-destructively includes: punishment for the abuse he blames himself for; mastering victimization by taking charge of the timing and execution of harm; self-medication of turbulent affective storms; and unconsciously seeking states of hyperarousal that then trigger the release of
brain opioids, providing the survivor with a temporary sense of calm. At an even more deeply unconscious level, frighteningly self-destructive sexual abuse survivors want to turn the table on present day stand-ins for those who violated and neglected them. Unconsciously, they long to see their own terror, helplessness, impotent rage, and shocked recognition of utter betrayal reflected now on the face of someone in their lives. Who can blame them?

As we exit now from our tour of the terrifyingly disorienting psychological House of Horrors constructed amidst sexual abuse and maintained by its aftermath, it should be clear that a survivor’s recovery is a long, complicated, sometimes treacherous process. There is a cohort in this country of professional men and women who have labored long and hard in the clinical trenches of trauma since the sexual abuse of children was dragged out of society’s skeleton closet in the early 1980’s. The bishops and priests of the Catholic Church need the expertise of professionals to effect healing both within the Church and in relationship with survivors. Please call on us to help you.

Psychoanalyst Leonard Shengold entitled his book on the effects of childhood sexual abuse, Soul Murder (Shengold, 1989). I do not think that early sexual trauma necessarily has to result in soul murder but it most surely batters and deadens the soul of the young victim and the adult survivor. That this ravaging of souls has been administered by priests entrusted with a sacred covenant to protect and enliven souls is despicable; it is evil itself.

The Catholic Church and you, its American shepherds, are at a crossroads. Like the recovering victim of sexual abuse, you can choose to defend, deny, retrench, and rigidify. You can refuse the reflection of a Sword of Shannara and turn away from all
your decency, all your love and generosity, all your arrogance and indifference. When a survivor takes that familiar and well-worn road, further fragmentation and diminished integrity of mind and soul ensues. But, as is the case for so many sexual abuse survivors, another road can be chosen. Collectively wielding a blade shining with truth and courageous determination, you can decide to lead the American Church on a path of recovery, growth, and restored faith. This conference could become a new epicenter from which ripples the revitalization and restoration of souls. It is a matter of your will which road is taken. May great grace walk with you and guide you in the days to come.

It has been a great grace in my life to address you today.

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Freud and Breuer termed traumatic dissociation “hypnoid hysteria” and highlighted its relationship to a traumatic antecedent. Figley (1978) also contributed to the growing treatment literature on Vietnam veterans, and Shay (1994) made theoretical contributions to the understanding of the long-term impact of combat trauma on Vietnam veterans by applying Greek mythological imagery. He used, for example, the story of Achilles to anchor his discussion of Vietnam veterans’ experiences and psychological wounds. She noted that frequently, women with borderline personality disorder were marginalized by mental health professionals who failed to understand the connection between their early experience of sexual abuse and their present personality structure.