

Chapter 2: What's "Normal" for a Survivor Isn't "Normal"

—and That's OK!

Introduction

Clients often tell me, "I wish I just had a normal childhood." Before considering this further, let's define what "normal" means here—which is that "normal" means healthy, happy, and functional, in a supportive, non-abusive life environment.

Unfortunately, "normal" is less "normal" than we think. It is more common for a person to be raised in a dysfunctional environment than in a truly healthy one. And when you add sexual abuse into the dysfunction, then "normal" is a *completely* different story. In this chapter, I am going to share my awareness of what is normal for survivors in the hope that you feel understood, accepted, and "normal."

Explanation

There is a natural reaction to everything, including sexual abuse. As you read through this chapter, I invite you to see yourself with compassion and allow yourself to forgive yourself on a deeper level—and to realize that you are in fact nothing short of normal.

It is important that you as a survivor understand that, unlike any other sort of trauma, sexual trauma affects every aspect of your personal power. We have six primary areas of personal power: our physical body, our mental health, our emotional health, our energetic/spiritual health, and our personality in relationships and purpose.

Sexual abuse affects every level of you. Other forms of abuse may affect one area but not all. This is important to understand because many survivors heal in one area but stay in survival-mode in the other areas, which keeps them feeling broken, repeating patterns, having unhealthy relationships, and/or struggling financially.

In this chapter, I will share specific ways that survivors experience the effects of abuse in each of these personal power zones. For now, understand that every area is affected by sexual abuse.

It is unlike a purely physical trauma—say, an accident, where someone falls and breaks their leg—where the body needs attention to heal, but the person’s beliefs are intact.

It is unlike mental abuse (such as name-calling for example), from which a person will need to heal the voice of negativity in their head, but whose physical body will remain healthy.

It is unlike emotional abuse, (like teasing, or bullying,) from which a person shuts down emotionally, yet usually still has some healthy self-talk within their psychoemotional landscape.

It is unlike energetic abuse, (as with having to walk on eggshells, curses, to avoid negative energy in a home), which drains or electrifies energy in unhelpful ways, but doesn’t take a physical nor mental toll. (To note, it is important to learn to manage your energy field, which is less recognizable than some other fields, because it is a key to healing.)

And it is unlike spiritual abuse, (as in using God or Spirit to create fear through some questionable religion or other spiritual practices,) which may leave a person disconnected to their higher source, but not affect their emotions or physical health.

Sexual abuse, on the other hand, has an immediate affect physical, mental, emotional, energetic, and spiritual effect. To heal from sexual abuse, reclaiming your power in each of these personal power zones is key, and crucial to lasting relief and healthy relationships. During this journey, you will rewrite your relationship with yourself and your sexuality in each of these areas, so your sex life can be full and complete.

In this workbook you will review what symptoms or effects your abuse has caused and where you are now. My intention is that this awareness will help you see how far you have come and how much you have already healed.

—Diving into what “normal” looks like for sexual abuse survivors:—

Above, I explained that most survivors face coping responses in different categories. This section is going to read more like a list than anything else. However, I will share with you how each primary area of your personal power is drained, and common responses it causes. Then I will share how, in each area, you may have acted out or withdrawn.

In each area, there are two extremes. I will speak to both within this workbook, labeling them like this:

Underactive behaviors: slow, heavy, no energy, drained, blown out

Overactive behaviors: rushed, risky/fast, and reckless behavior; not caring, hyper focused on their reality, frazzled.

Lasting impact on that particular power zone after abuse.

The Personal power zones:

- Physical reactions
- Mental reactions
- Emotional reactions
- Energetic/Psychic/Spiritual reactions
- Relation reactions
- Your Purpose, Value and worth

Before we proceed, let me share with you what happens to your nervous system when you experience trauma—just in case you haven't thought about it in a while.

The definition of trauma is “a deeply distressing or disturbing experience.” Many psychology books define it as “the inability to cope.”

Trauma can happen on many levels and to varying degrees. Mini traumas increase our coping skills, so that we can accept and handle regular levels of stress. However, when a traumatic event pushes the nervous system outside its ability to regulate itself, the system gets stuck in the “on” position, and the person is overstimulated and unable to calm. Anxiety, anger, restlessness, panic, and hyperactivity can all result when you stay in this ready-to-react mode. ⁱ

If you lived in a traumatic, war-filled, fear-based environment, then trauma became a way of life for you, and the need to self-protect, to keep your head up, became your “normal.” Your whole nervous system which affects your whole body, is impacted by all traumatic events. Here are some of the body functions stimulated through the parasympathetic nervous system: (The Parasympathetic nervous system (PSNS) uses acetylcholine as its primary neurotransmitter, but other peptides may act on the PSNS as well).

Which controls:

Sexual arousal

Lacrimation (crying or shedding tears)

Digestion: The PSNS dilates the blood vessels of the GI system to allow for greater blood- flow.

Salivation: The PSNS stimulates the salivary glands and speeds up peristalsis.

Urination and defecation

When *you* experience trauma or stress of any kind, you have three primary ways of reacting. The body-mind uses the adrenals to shut down your reproductive and digestive systems while you **run, fight, or hide(freeze)**.

Every one of us has a natural way of responding to stressful situations; below, I will explain a bit about each:

The Fighter: This responder will face stress head-on, fight back, push back, and lean into aggression to scare away its threat.

The Flightier: This responder will run away or swerve and avoid the threat to the best of their ability.

The Hider/Freezer: This responder will freeze in place, acting as if s/he can disappear or play dead to avoid the threat.

When the fight/flight/freeze system is switched on, it slows down reproductive health. When in danger, it causes you to think clearly. Stuck in the “on” position, the system eventually becomes taxed, which confuses and exhausts the brain.

Many, if not all, childhood sexual abuse survivors have a trauma response system that has been chronically stuck on. Many have taxed or drained nervous systems, causing various autoimmune diseases and other reproductive ailments, as well as producing hormonal and digestive dis-ease, and trouble sleeping.

When the adrenals are drained and you live on hyper-alert, anxiety and depression, dysphoria, exhaustion, or hyperactivity can be common mental responses. With abuse, Post Traumatic Stress Syndrome (PTSD) is a common response to the nervous system, which is trying to process the event or events that happened, in an effort to reset your Fight/Flight/Freeze response. When someone experiences a trauma and activates F/F/F, and the person is healthy, the body will reset itself, turn off F/F/F, and turn on “Rest, Digest, and Reproduce.”

People who are stuck in F/F/F tend to live in constant low-grade stress and have trouble healing and responding to lasting healing. During this course, we will be doing different techniques to help you strengthen and/or rest your nervous system and reclaim your peace and ability to effortlessly learn new happier habits.

This universal response and way of being in response to sexual abuse creates the environment of stress and survival for most survivors. When our signature energy is victim/survivor, it is common to stay in a survival loop which can affect one or all personal power zones in your life. The survivor/victim energy can itself create physical diseases. It can also create negative stories, low-self-worth and esteem, negative self-talk, and lower states of emotional being. This makes it hard to learn how to be happy. In this course, I am going to cover how to be happy, and why it is not your fault if you, like many, don't even know what happiness is.

I am writing this course with what, in my view, is a common belief, and that I, too, believe: I believe that you are made in the image of God.

I believe that God is love and that God is the creator, which means that YOU ARE BOTH LOVE AND A CREATOR.

From what I know about thoughts and perspectives affecting and-or creating your reality, I can say with confidence that when you are stuck in survival, you see all the threats around you—F/F/F—and that your very focus on the threats creates more threats to focus on. Learning how to relax this system and to rest your Gravity Reflex system of Rest, Digest, Reproduce, is a key to turning away from your worries and to focusing your energy on gratitude, plentitude, and security instead.

—Common reactions to unprocessed or repressed sexual abuse:—

The Physical Body

Overview:

Sexual contact affects the body because it is commonly done to the body, through touching and, at times, intercourse. The body responds in a stress pattern to all unwanted touching in either an underactive or overactive way.

Underactive behaviors: slow and weight gain, no energy, drained, and blown out. It is common for the body to shut down here, causing physical pain, auto-immune disorders, fatigue, and adrenal, reproductive and-or digestive issues.

Overactive behaviors—rushed and risky/fast: overactive hormonal issues, auto-immune disorders, hypertension, reproductive disorders, insomnia.

My experience – shared with the hope you don't feel alone.

In my own life, I was faced with an auto-immune disorder, adrenal fatigue, and cervical cancer. When I was 21, I found out that I had cancer—I will never forget this day. Going through the process of treating my cervix, I also had the honor of learning how our bodies hold memory in our cellular tissue. Over the course of a year, I worked with professionals to clear and face my memories of repressed sexual abuse, and I believe that, in doing so, I not only healed my cancer, but I also regained my ability to have children—which I was earlier told would not be possible. I now have two beautiful daughters and have been healthy for over twenty years. (*Hypotheses:*) I don't believe this would have been possible if I had not reset my nervous system, calmed my F/F/F response, and faced the affects that my abuse had had on my physical body.

Case Studies:

Study #1: One my clients—a woman, married to her second husband, in her late 30's, with children—came to me, reporting that when she first met her husband, she was attracted to him sexually, but that, as their relationship progressed to a more series relationship, she lost interest. She said there was no abuse, no misconduct, nor anything other than love from her husband, but that she was physically disgusted with him. Even when he sat near her on the

couch, she got a rush of fear through her body and wanted to run away. She often isolated herself in her room, asking him to sleep on the couch, unable to explain why. This was taking its toll on her relationship, and she was even contemplating divorce. She came to work with me because this had also happened in her previous relationship—though, in that relationship, she had attracted a man who forced sex on her, more like her abuser had. Her body was in a perpetual terror response due to unhealed trauma, so when any (even desired) intimate behavior began she became cold and distant in order to protect herself from physical contact, which left her feeling confused by her body's responses, and hopeless. She also had debilitating auto-immune and neck issues, which kept her from being able to work and function fully on her own in the world.

Study #2: In another case, my client was a man with kids in his mid-forties who was separated and, wanting to save his marriage, he came to me to understand why he didn't feel connected to his wife but had a wondering eye instead. He got aroused and even, at times, engaged with pornography and prostitutes in order to get his "fix," without being able to perform with his wife. His cheating and lying about his sexual appetite had nearly ruined his marriage. He had also developed erectile dysfunction and his doctor told him his testosterone levels were off, which had caused him lack of energy and new prostate issues.

Lasting impact on the physical body after sexual abuse:

Physical effects on sexual activity after sexual abuse are many. This is because the body is not only physical, but it is also the manifestation of your thoughts and emotions. Long-term unhealed sexual trauma affects the nervous system, which causes organ issues, auto-immune and chronic diseases—even cancer can be a by-product of surviving sexual abuse and not healing it. Beyond these internal effects, weight gain is also a common reaction because it helps to protect many victims from feeling "too attractive" to a potential abuser. Pain with sexual activity, or inability to orgasm, are also common physical long-term reactions to sexual abuse.

Clinical perspective:

It is common for survivors to have physical PTSD reactivity. This may include, but is not limited to, feeling "creepy crawlies" when being touched, stomach-aches, headaches, and-or physical discomfort when engaging in sex. There is also another issue that arises with abuse, depending on your age when you were abused, which is that your genitals can be affected physically, with ripping pain inside, as if cutting the clitoris or foreskin. Sexual abuse has also been tracked to be a cause of cancer and other autoimmune disorders.

Researchers, Brown, M.J., Thacker, L.R., Cohen, S.A. for ACES (The foundation for Adverse Childhood Experiences) "found that over 60% of all the participants had experienced at least one Adverse Childhood Experience, and that nearly 10% had a history of cancer. Of all the

types of ACE, *childhood sexual abuse* was the most common cause for those with adult cancer—though it appeared to have little impact on childhood cancer. The rate of *cancer* prevalence among the participants with ACE was much higher than the national average of 4.2%, which suggests that ACE, and in particular, childhood sexual abuse, has a strong indirect impact on cancer risk in adulthood.”ⁱⁱ “In 2009, the American Cancer Society ran a study revealing that childhood physical abuse was associated with 49% higher odds (95% CI, 1.10-2.01) of cancer when adjusting for age, sex, and race only. “The odds-ratio decreased only slightly to 47% higher odds (95% CI, 1.05-1.99) when the model was adjusted for all three clusters of risk factors.” A significant and highly stable association between childhood physical abuse and cancer was found even when adjusting for three clusters of risk factors. Further research focusing on the potential mechanisms linking childhood abuse and cancer is needed. Cancer 2009.” (2009 American Cancer Society)ⁱⁱⁱ

In other studies, on the global effects of childhood sexual abuse medical symptoms such as chronic pelvic pain, functional gastrointestinal disorders, psychogenic seizures, and nonspecific pain and somatic symptoms. In both, the meta-analyses mentioned that the associations were strengthened when a history of rape was present.^{iv}

Self-analysis: (Physical Body)

What symptoms have you experienced in the past?

What physical symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

The Mental Body

Overview:

Sexual contact affects the mind as you create memories, block memories, and reconcile within the mind what happened to you. Your mental faculties are also affected by the things that your sexual partner says about you and how you relate to and judge the sexual experience.

Underactive behaviors: blocking out memories, stuffing down images, negative judgment that has the survivor want to hide or run away, believing that it is the victim's fault and depression.

Overactive behaviors—rushed and risky/fast: overactive memory, PTSD, negative judgment that has the survivor believing they are a slut, bad, or worthless; making up stories to cope, hypersexuality, proving and reactive thoughts.

“I think I may cry forever and never get out of bed.” If I had a dollar for every client who has told me this when beginning to face the effects of their abuse, I would be extraordinarily rich.

My experience – shared with the hope you don't feel alone.

In my case, my mind flooded with memories and my PTSD sent me into flashbacks that ignited behavior that embarrassed me in retrospect. I was diagnosed with PTSD, anxiety, and depression. My mind was fixed on negative thoughts. For examples, I used to think, “No one likes me,” “I am only good for sex,” or “I am dumb.” These old beliefs kept me spinning in a web of negativity and victim-mentality, stuck proving myself, propelling me into overdrive. I was tired and wired all the time, pushing through panic attacks and self-loathing—I was miserable. Learning how to reprogram my mind, to stop over-doing everything, and to learn to relax and trust myself have all been life-changers for me. I rarely have PTSD reactivity, depression, or anxiety. I continue practicing mindful techniques to train my mind to work with my memories and myself, instead of fighting against myself.

Case Studies:

Study #1: One of my clients—a woman in her mid-30's with reproductive issues and depression—came to me hoping to feel better and to be motivated to do anything other than lie in bed. She had been severely abused as a child and had learned to keep quiet for fear of death, repressing most of her memories. As we worked together, she was scared to see the extent of her abuse and worried it would cause her to “cry forever,” or to give up on herself completely. She reported that she was often told in her childhood, after being sexually abused, that she was worthless, a loser, a slut, and no good; and this opinion of herself had stopped her in her tracks for twenty years thereafter. She was diagnosed with PTSD, anxiety, and depression, and she was unable to have children. Her lack of self-esteem kept her from caring

for her body, from working on her business ideas, and from earning a living wage. Once she learned her tools to face the negative feelings and to reprogram her mind to believe in her worth, talents, and value; she was able to reclaim her physical health, to open her business, and to work through her depression with compassion.

Lasting impact on the mental body after sexual abuse:

Most of my clients have reported living in a constant state of anxiety, feeling they are broken. This, in turn, has them self-diagnose as having low self-esteem. Negative self-talk, living in fear, not trusting themselves or the world around them are also common. Having racing thoughts, not knowing how to stop thinking, and not knowing how to relax are all commonly reported. The mental pattern of defending and proving their worth to the world around them, and never thinking they are enough also occurred.

From a clinical perspective:

Mental reactions are many. “Data from the National Comorbidity Survey indicated a relationship between Childhood Sexual Abuse (CSA) and the subsequent onset of psychiatric disorder, and findings revealed that 78% of women and 82% of men who reported CSA met diagnostic criteria for at least one lifetime psychiatric disorder versus 49% and 51%, respectively, among those who did not report CSA.”^v “In a cross-sectional probability survey of 3,132 household adults representing two Los Angeles communities, lifetime diagnoses of nine major mental disorders were compared between those who reported that they had been sexually assaulted at some time in their lives and those who reported no sexual assault. Sexual assault predicted later onset of major depressive episodes, substance use disorders, and anxiety disorders. Those who were assaulted in childhood were more likely than those first assaulted in adulthood to report the subsequent development of a mental disorder. Demographic characteristics of gender, age, Hispanic ethnic background, and education, however, were generally unrelated to the probability of developing any specific disorder after being assaulted. Finally, major depression, drug abuse or dependence, antisocial personality, and phobia were all associated with a higher probability of subsequent sexual assault. (PsycINFO Database Record (c) 2016 APA, all rights reserved)”^{vi}

Prolonged sexual abuse combined with verbal abuse and/or neglect can affect the survivor to a greater extent. “The odds ratio (OR) for lifetime history of depression was 1.8 among both men and women who reported a history of CSA versus those who did not. Overall, after controlling for other childhood adversities, CSA was found to be significantly associated with mood, substance use, and anxiety disorders in both sexes. In a recent meta-analysis that looked at 37 longitudinal studies from across the world between 1980 and 2008 (20 cohort and 17 case-control studies) with over 3,160,000 participants, it was calculated that there was a statistically

significant association between sexual abuse and a lifetime diagnosis of anxiety (OR: 3.09), depression (major depressive disorder [MDD]) (OR: 2.66), eating disorders (OR: 2.72), PTSD (OR: 2.34), sleep disorders, and suicide attempts. This association persisted irrespective of gender and age at which CSA occurred.”^{vii}

Self-analysis: (Mental Body)

What symptoms have you experienced in the past?

What mental symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

The Emotional Body

Overview:

Sexual contact affects the emotions through connection. Sex is a bonding experience that can be exercised in love or in fear. Sex is emotional in nature, creating feelings of pleasure and-or pain.

Underactive behaviors: closed off and emotionally unavailable, numb uninterested, hyposexuality. This makes no sexual contact nor impersonal detached sexual contact possible.

Overactive behaviors: overly emotional, and quick to attach, overly sensitive, overactive sex drive, relating sex as love or commitment.

Many clients have spent a lifetime stuffing their feelings due to being told their feelings don't matter.

My experience – shared with the hope you don't feel alone.

In my journey to become in tune with my emotions and to trust them, I experienced dramatic mood-swings that were mostly triggered by PTSD. My reactivity created a distrust and disconnection with my emotions that had me either hyper-emotional or hypo-emotional at times. The hormonal swings from my physical symptoms and mental stress affected my ability to know what I was feeling and my ability to manage my reactions to certain situations. For instance, when I experienced a triggering memory, I reacted emotionally in rage or in fear. This was very embarrassing because I acted out in ways that were not in my natural nature. When triggered by an argument, I would over-explain, excuse, and defend my reaction, rather than settle into whatever emotion I was feeling, and identifying whether the feeling was in line with what was going on in the moment or a reaction to what was in the past instead. As I have identified over time how I process different emotions, I have been able to confidently label what I am feeling in the moment and to calmly express my needs to whomever I am interacting with.

Case Studies:

Study #1: In another case, my client over-ate or under-ate depending on what she was feeling. She did this to stop herself from feeling and facing what was happening in the moment. After she ate, she reported feeling better for a moment, only to once again be faced with the uncomfortable feeling later. Her main purpose in doing this was to avoid uncomfortable feelings that she had learned were unacceptable. This caused her to not trust herself. To heal her emotional compass, we first looked at why she believed her emotions to not be valid and we discovered that she was told in her youth that her feelings didn't matter. Creating a safe

space for her to explore both uncomfortable and enjoyable emotions from a “witness” perspective and to choose her responses gave her the awareness she needed to stop eating emotionally and to trust herself to heal through her emotions instead.

Lasting impact on the emotional body after sexual abuse:

Emotional detachment is a common reaction to sexual abuse specifically disassociating or over associating attachment to sexual partners. During prolonged sexual abuse, a person may attach to their abuser forming an unnatural bond. This can later result in emotional and personality disorders including PTSD and Borderline Personality Disorder (BPD), both creating a disconnection and dysregulation of emotions in the survivor.

From a clinical perspective:

“In females, the highest odds ratios (ORs) are seen for the DSM-IV Axis I and Axis II disorders of alcohol and drug abuse (OR = 8.9), borderline personality disorder (BPD; OR = 7.6) and post-traumatic stress disorder (PTSD; OR = 7.25) [2] . The latter two disorders frequently co-occur, and often result in complex conditions with severe psychopathology, pervasive problems in emotion regulation, frequent non-suicidal self-injury (NSSI) and low remission rates [3–5]”^{viii}

Patients with Posttraumatic Stress Disorder (PTSD) typically report a wide range of aversive emotions (e. g., fear, disgust, sadness, shame, guilt, and anger) as well as heightened levels of affective instability.^{ix x}

Many survivors also report that they are more prone to emotional eating including disorders like Anorexia and Bulimia.^{xi}

The emotional consequences of traumatic experiences, the DSM-5 introduced two new criteria for PTSD as part of the new symptom cluster D “negative alterations in cognitions and mood” “Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others” as well as “persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame)”.^{xii} *These criteria extend the three PTSD symptom clusters that were previously defined in the DSM-IV-TR and earlier versions (re-experiencing, avoidance/emotional numbing, and hyperarousal), as well as the central affective symptoms of restricted affect, distress during confrontation with trauma triggers, and irritability/outbursts of anger.*^{xiii}

Self-analysis: (Emotional Body)

What symptoms have you experienced in the past?

What emotional symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

The Energetic/Spiritual Body

Overview:

Sex is an energetic and psychic connection. It is highly spiritual and is the only act that produces human life. Sex is an exchange of human life force, an exchange of energy, and a spiritual union. Your relationship with God is related to this creative energy. Biblically it is said: (Genesis 2:24) “Therefore a man shall leave his father and his mother and hold fast to his wife, and they shall become one flesh.”

Underactive behaviors: feeling disconnected from yourself, confused and not wanting to be around people, isolated and turning away from a personal relationship with Source/God.

Overactive behaviors: having a split aura, not knowing what is you and what is another person, entangled energy, and confusion, acting out in ways one would not morally, hyper-religious and dogmatic.

My experience – shared with the hope you don’t feel alone.

In my life I felt more aligned with my energy than I did my body, creating a disconnection with my own body and lack of control in my thoughts. I often felt my emotions ran my life. I had a passionate relationship with the God of my understanding and often viewed my memories from a third person prospective. Meaning I did not remember things from behind my own eyes but rather remembered them as if I was hovering outside my body. In 2012 I worked with a healer Ken Stone who helped me reconnect my soul essence with my body/mind and that is when I noticed my memories began coming from a new perspective. Learning grounding techniques and about my witness perspective has helped me remain in my own body even when faced with triggers which would easily create disassociation and confusion in my life. Beginning to see my value, manage my energy and live from the perspective that I am more than just a body, memories and intelligence has been one of the greatest healing events of my life.

Case Studies:

Study #1: One of my clients—we will call her Sue—was abused as a child by a Clergy member at her church. She and many other kids did not talk about it, for sex was bad and a sin. Being abused by the church leader left her confused and with a negative judgment of herself. Over the course of her abuse, she prayed to be saved and to not be touched again. Her prayers went unanswered as her abuse continued. She told me that she cried and begged of God, promising to be a “good girl,” and to sin no more. However, the abuse continued, and, as it did, she felt more and more punished by God, having less and less trust in herself and in her relationship with God. When she came to work with me, she did not want to even use the word God. She was so hurt and upset by God for not answering her prayers and by the church itself for not protecting her. Over the course of her sessions with me, she practiced radical forgiveness (a

formula I will teach in a later chapter) and she found her faith again, while reframing her relationship with God and with herself.

Lasting impact on the energetic body after sexual abuse:

This affect is the reason that so many survivors continue to have symptoms and-or to experience unhealthy relationships, long after they have been in traditional therapy. Without clearing your energy body from the vibration and the connection with your partners and abusers, it is more challenging to create new pathways or results. For this program, I am going to assume that you have a soul and that you are primarily energy, encapsulated in a human physical and mental form. There have been many studies done on the effects of sexual relations and soul ties, and as related to a spiritual or energetic connection from one person to another. This connection affects the denser levels of self (body, mind, emotions) and can leave psychic ties. “The whole premise of energetic imprints suggests that intimacy at a heightened level entwines the aural energy between two people. When you or the partner you are having sex with do not practice any type of auric or spiritual cleansing, then spiritual debris remains after intercourse and begins to accumulate. A person’s aura becomes significantly confused when they start having numerous sexual encounters with multiple partners because they begin carrying multiple energies, which can repel positive energy and attract negative energy. The more intimate you get with someone, the more your energies merge and you absorb all of their good or bad energy.”^{xiv}

The mystic author and teacher Caroline Myss said, “sexual issues are nine times out of ten spiritual issues, and spiritual issues are nine times out of ten sexual issues. I think that point is a good one to keep in mind when working towards healthy sexual expression.”

From a clinical perspective:

“Many survivors have a higher sense of what is happening around them due to living in high stress, unstable environments. The result is a higher sense of empathic ability, helping you to read the room and to apprehend the mental or emotional state of another individual. There have been many studies done on the relationship between the empath and the narcissist—a controlling and a detached emotional ability to care for others. The Mayo Clinic defines Narcissistic Personality Disorder as a mental condition in which people have an inflated sense of their own importance, a deep need for excessive attention and admiration, troubled relationships, and a lack of empathy for others.”^{xv} This common relationship between the empathic survivor and the narcissistic person can escalate, creating an unhealthy, co-dependent bond, and many times ends in all forms of abuse.

Another way that sexual abuse affects the spiritual body is by creating a disconnect or anger towards God/Religion or Source. In this same way, a positive relationship with God/Source or higher power can help you heal and reclaim your inner confidence.

In a study of abuse victims who experienced the worst of sexual/spiritual abuse, after being abused by clergy in their church. "Out of 890 affected persons (24.3%), information about problems in social functioning was available. The documented problems included relationship problems (53.1%), sex-life problems (43.0%), career problems (34.2%), and problems related to social participation (32.5%).

In addition, it was noted that 144 affected persons (3.9%) left the church. At least 626 affected persons (17.0%) received psychiatric or psychotherapeutic treatment for consequences of the abusive acts. Given the non-standardized nature of the documentation, it can be assumed that the actual treatment prevalence is higher." ^{xvi}

"Inspection of the four abuse characteristics identified by the stepwise procedure reveals that age at first incident is the only variable which has been empirically identified previously as contributing to dissociation (e.g., Elliot and Briere, 1992; Kirby et al., 1993). The three remaining abuse characteristics are ones which have rarely, if ever, been investigated. The fact that they comprise three of the four variables which were the most powerful of the 10 in accounting for variance in this sample suggests that they are important contributors to dissociation. This provides persuasive evidence that it is not CSA in general that fosters dissociation, but specific Childhood Sexual Abuse and Dissociation 167 aspects or combinations of aspects of it. Being abused by more than one person at a time may foster higher levels of dissociation by promoting intense feelings of victimization, powerlessness, and entrapment. The presence of coercive and objectifying acts and absence of subjugating acts (e.g., exposure or voyeurism by the perpetrator) among this set of four implies support for the commonly held belief that acts that are more invasive are associated with more severe long-term effects (Gold et al., 1996; Russell, 1986). However, an equally plausible interpretation targets aspects of power and control rather than degree of invasiveness as facilitating the development of dissociation. Being treated more as a thing than as a person (Invasive Objectification) or forced to participate in the abuse (Coerced Compliance) may be particularly conducive to this type of distancing reaction." ^{xvii}

Self-analysis: (Energetic/Spiritual Body)

What symptoms have you experienced in the past?

What energetic/spiritual symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

The Relationship Expression

Overview:

Sex affects your relationships, your ability to trust and recognize healthy and unhealthy behaviors in others and yourself, and the way you react to feedback and trust yourself and your own reactions. Sexual abuse primarily affects your relationship to your sexuality with your lover as well as your personal relationship with the act of having sex.

Underactive behaviors: not engaging in relationships at all, avoiding close intimate relationships, entering relationships that are unhealthy, abusive, and controlling.

Overactive behaviors: rushed and risky/fast, engaging in multiple partner relationships in an unhealthy way, being controlling and fearful of others in relationship, anger, and rage reactivity, being abusive in relationships.

My experience – shared with the hope you don't feel alone.

In my personal experience, I attracted my “normal” into my relationships as well as attracting people who were critical and physically abusive to me. This patterned occurred in both work and in my home. The constant fights created a home-life of stress. For years, daily, I drove home praying that things would change. I also had work partners talk behind my back and spread rumors about me, much like my mother would negatively talk about me to my friends, in my youth and adulthood. Because this behavior was “normal” for me, and it was not sexually abusive, I continued trying to prove my value and kindness—for years. The high stress continued to affect my health negatively—mentally, emotionally, and physically. By engaging in this type of relationship, I also fed the belief that I was broken and in need of help. At different times in my life, this affected my earning potential and my relationship with my employers and my employees. After addressing the “normal” behaviors I was accepting in my life, and after learning new ways to react with new boundaries to make, I no longer engage in those relationships nor accept those behaviors in any area of my life. My life also has more peace in my body, and I have maintained my health. I enjoy my friends and have deeper and more meaningful relationships inside work and beyond.

Case Studies:

Study #1: One of my clients was raised in an abusive home; sexual and emotional abuse both existed. He was raised by his mother and multiple men coming in and out of the home. He was used to his mother using harsh words, yelling, name-calling and labeling him negatively. In his adult life, he married a woman who engaged in yelling fits and adultery, and who was verbally abusive to him. He was used to this environment, thinking it was normal behavior. However, when sex became triggering for him, he noticed the unhealthy communication in himself and

began to change his reactivity by healing childhood wounds. Now he has better communication skills, deeper relationships, more self-trust, and he reports having better relationships with his children, new lover, and employers.

Lasting impact on the relationship expression after sexual abuse:

Accepting bad behavior or unhealthy habits is normal when you have been raised in such environments. This causes survivors of abuse to be more prone to enter unhealthy, or even abusive, relationships of all kinds later in life. Many survivors were not allowed to disagree, say no, nor fight back with success, and this causes them to not have a clear understanding of setting boundaries or getting their needs met. Discovering what healthy relationships look and feel like, and how to set and hold strong yet respectful boundaries in all relationships, is key to healing from sexual abuse.

From a clinical perspective:

In multiple studies focused on the effects of childhood sexual abuse and future relationships, sexually abused children are rewarded for sexual behavior with attention and affection. This may contribute to the precocious sexual activity frequently observed among children and adolescents who have experienced CSA ^{xviii} “According to researchers Davis and Petretic-Jackson, these patterns may continue into adulthood. For example, adult survivors tend to oversexualize relationships, feeling that they are obligated to provide sex or that sex can gain them affection. Further, the relationships of survivors may become sexual more quickly.” ^{xix}

“Another of the traumagenic dynamics described by Finkelhor and Browne is betrayal, resulting in children feeling unable to trust adults, who they had expected to protect them. When these children reach adulthood, their sense of betrayal resulting from childhood sexual abuse may result in poor judgment about whom one can trust or lead to “a desperate search for a redeeming relationship” resulting in a series of intense but short-lasting sexual relationships.” ^{xx} “CSA survivors have more difficulties in their adult relationships, reporting insecure attachment, lower levels of sexual and relationship satisfaction, and more marital dissolution.” ^{xxi} “As survivors leave their troubled relationships, they form new relationships, resulting in a series of short-term intimate partnerships. The higher numbers of sexual partners frequently reported by CSA survivors, typically viewed as indicative of women’s sexual risk taking, may alternatively be viewed as a by-product of survivors’ difficulty in establishing or maintaining lasting intimate relationships.” ^{xxii}

“Survivors presumed difficulty with identifying safe partners may help explain growing evidence that women with CSA histories are more likely to form relationships with men who are physically and sexually aggressive than are women without CSA histories.” ^{xxiii} “Men who

perpetrate intimate partner violence are also more likely to have a history of multiple sex partners, unprotected anal sex, and sex with a drug-using partner.”^{xxiv, xxv}

Self-analysis: (Relationship Expression)

What symptoms have you experienced in the past?

What relationship symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

A purpose, value, and financial expression.

Overview

For many survivors I have noticed that there is a common area that many suffer through when it comes to worth and value. In my experience working with clients, many have suffered from self-worth issues resulting in overachieving or underachieving. The lack of purpose is a result of being objectified as a child and trained to seek validation from external and often hurtful sources. This effects survivors in different ways, often expressing itself through addiction or a proving mentality.

Underactive responses—Living without a purpose, feeling objectified and selling out. The inability to make money with ease, addiction to substance, feeling drained, never can give enough, feeling worthless.

Overactive responses—Overworking, hyper focused at earning or proving ones worth, financially well off and miserable, never having any time, not feeling good enough no matter what they do or accomplish, strained relationships, overactive sense of self-importance.

My experience – shared with the hope you don't feel alone.

I suffered greatly from the belief that I was not smart enough. One day after being abused my abuser and I where in his truck driving to get my Mom from work. I at the age of 11 remember point blankly asking him if he has abused his other daughter (who is much older than I) he turned to me and told me “no, she is too smart for that.” That one comment cut me to the core. As most evenings I would be beat for “not doing something right” and although I got straight A's I went on to prove myself and not feel good enough my whole life. Actually, as I write this program and finish my dissertation, I am realizing that this “good enough” and self-imposed war to be seen as smart enough to make money, run my businesses, succeed is still a driving force in my life. Shifting to my heart energy, feeling enough, seeing my accomplishments, and admitting I am smart enough heals more and more every time I help a client reclaim your own since of worth. I have learned no matter how smart I am, what I accomplish or how much I try to be enough, without honoring my little girl I will not feel the satisfaction of my purpose.

Case Studies:

Case #1 – Addiction is one of the most devastating results after experiencing trauma. While working in an addiction recovery facility nearly all of my patients had trauma related childhood experience. All being treated less than human. One patient had experienced years of sexual abuse and had been part of sexual trade. She had been struggling with self-worth for the longest time, she had become a nurse and was still maintaining her job even while getting clean. She had worked hard to get her kids back as well. She felt she was doing everything right

and yet, no matter what, it wasn't enough to shake the crippling feeling that she was worthless. That day we had a heart to heart, I explained to her that she was normal, and her unconscious mind was trained to accept that she was not worthy in order to cope with her horrific abuse. I then explained victim-consciousness and object-consciousness to her which helped her begin to recognize her self-blame and when she was treating herself like an object rather than her conscious essence. Over the course of our sessions, she began reporting a change in self-worth, claiming her choices, and learning how to confidently choose what she wanted rather than what she believed others wanted her to do.

Case #2 – We will call him; Chad is a high-powered contractor who also has an intuitive energy healing business. He hired me because he was going through his 3rd divorce with the mother of his newest child. He reported that his wives were all crazy and that he is an empath and that he thought he could save them all, but they would not listen to him and now they are driving him crazy. He was in a legal battle with his second wife at the same time he was trying to separate his current relationship with from the mother of his newest child. Chad felt that no matter what he did everyone turned on him and he had spent his life working his way to the top in each of his career fields only to suffer. Chad suffered from proving and fighting his way to the top, with an underlying belief that it was all pointless. A pattern Chad first experienced as a child. I explained to Chad that he would have to stop blaming and begin to remove himself from reactivity. Honestly, he did not like this. But he hired a lawyer and began creating separation between himself and both women. We also began talking about being objectified (only good for his money) and how that must feel, no matter how hard he worked he never could get ahead. Chad ended up reclaiming his sanity and seeing his role in blaming and labeling his previous partners, taking responsibility for his own actions, and stopped proving his worth through things. In the end everyone found peace.

Clinical Perspectives:

In an article directly related to survivors of sexual abuse and their income the article from girlsglobe.com states; "Imagine losing \$241,600. What if I told you that this number is the estimated median lifetime loss of income for many survivors of childhood sexual abuse. This disparity is keeping survivors, a significant percentage of our population, from reaching their full economic potential.

Success in the United States is often synonymous with fulfilling the aspiration to earn a six-figure salary, but according to the [Institute for Women's Policy Research](http://www.instituteforwomen.org), a woman is likely to earn \$500,000 less than a male colleague over the course of her career. Even more troubling, 1 in 4 of these women were sexually abused in childhood, leaving them to earn close to \$800,000 less than their non-affected male counterparts.

You might wonder why this is so. The answer is that long-term emotional and psychological effects of this childhood trauma directly impact feelings of self-worth, which may translate to an increased risk of dropping out of high school or a lower likelihood of pursuing higher education or applying for better paying positions within the job market.

From a legal perspective, economic damages play a key role in litigation proceedings as they project the impact an individual has experienced financially. Unfortunately, a large percentage of survivors of childhood sexual abuse (CSA) are likely to hide their stories, therefore many will never recuperate this lost income.^{xxvi}

In this extensive study of Childhood Sexual Abuse and Later-Life Economic Consequences, the authors conclude. “ we found a large and statistically significant link between CSA and being out of employment due to being sick and/or permanently disabled. The effect did not appear to be as strong when viewed over the working life, although a negative effect was still observed. We interpreted these results as suggesting that the biggest impact of CSA on labor force status was through an early withdrawal from the labor force rather than a uniform negative effect over the lifespan. Given that many men aged 50 to 64 who report themselves as being sick or permanently disabled never return to the labor market, this early withdrawal interpretation seems reasonable. We also find that CSA is associated with lower household incomes and the estimated effect is large, at over 40 percent. While this effect is reduced when equivalized household income is used as the dependent variable, the smaller impact is related to a lower propensity on the part of CSA victims to be married and/or living with others (including children or a spouse). In addition to these findings, we also showed how the negative impact of CSA on labor force participation remains even when we control for depression and anxiety. This is potentially an important finding when interventions are being designed. If it was thought that any labor market disadvantage suffered by victims of CSA was as a result of depression, it might be assumed that the treating of depression might “solve” any labor market problems. The results here suggest that this would not be the case. It seems that CSA affects people in ways beyond depression and anxiety and that these other effects must be understood and treated.^{xxvii}

Self-analysis: (Value Expression)

What symptoms have you experienced in the past?

What purpose and self-value | symptoms are you experiencing now?

How would you feel with no symptoms at all? If you are already at this level of healing, simply write down how you feel now.

It is common for ALL these areas to be affected in one way or another and to call you to heal them as needed.

I find that many of my clients heal one area and that others are also affected and begin to heal on their own. The most effective area to heal is the mental area, beginning to think differently, to connect to your inner child and higher self, and to begin focusing on the positives in your life. During this course, you will be asked to re-learn how to use your mind and emotions in order to heal your body and to change your behavior. In doing so, you will learn how to better feel the whole rainbow of emotions within you and how to express them in safe and loving ways. As you grow to define your own sexuality and to heal the effects of sexual abuse, you will get to know yourself even more, making it possible to manage your own energy and to direct it towards the life you desire, which will become your new normal. But before we jump into all of that I want to share the two ways that people react to sex after surviving sexual trauma: (People react as one of the following)

Blocking pleasure: Closing off and avoiding any triggering factors, including risk-taking, sexual relationships, and other social behaviors. When you are blocking pleasure, you may avoid sex all together, make excuses, create distance, and use control-dramas in your relationships to stay “safely uncomfortable and upset.” You may avoid taking risks and going for your dreams, feeling insecure and fighting low-self-esteem. You may also attract controlling and abusive partners.

Reenacting pain: Recreating what happened to you in healthy and unhealthy ways, through porn, sexual relationships, and other social behaviors. When you are reenacting pain, you may abuse another or be controlling and fearful, living in a state of anger and rage. You may like role-playing or rough sex, porn, or other kink behaviors. You may take risks and be reckless with your money and relationships.

Which one do you tend to lean towards?

Creating Your New Normal

During this program, you will discover your new normal. We will review where you are now—how you have reacted and been affected by your abuse, and how you are handling it today.

From the perfect place you are right now in your healing journey, you will begin to define, align, and create your new normal in all 6 of your Primary Power Zones, as well as sexually and sensually in relationship to yourself and others.

This is going to be a fun and fabulous journey!

The first two lessons are complete and now the fun will begin. But first I invite you to get real with yourself and be brutally honest.

Go back and circle or write in your journal how your sexual abuse has affected you in the past and in this present moment. You will get to see how far you have come and how much you have already processed and healed. You will also know, without a shadow of a doubt, where you are and how you are being affected now. This will allow you to change and grow in areas that do not align with your ideal version of self and to accept and empower the areas that are working well for you.

In the next chapter, I will include how sexuality and relationship with money and wealth are often negatively impacted for survivors. I hope that reading and reviewing your symptoms helps you to know that for a survivor of childhood sexual abuse, “normal” isn’t so healthy, and it is also not your fault that you were raised to relate to the world around you, and within you, from the perspective that you know.

In this program, you will get to choose what you want to accept as normal, as well as to release what was “normal” and its natural effects on your health and life, so as to create your new normal. And to begin exploring the depths of gratitude, pleasure, and sensuality in your life now.

ⁱ Mar 2, 2020 [Parasympathetic Nervous System and Trauma | Mental Health ...www.mhs-dbt.com](#) › blog › parasympathetic-nervous-syst.

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