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**The Use of the Concept of New Identity in Christ in
Counseling Sexual Addiction in Young Girls**

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Introduction

Sexual addiction has become a serious problem in America. “It is estimated that between 17 and 37 million Americans struggle with sexual addiction. A major reason for the wide range in this estimate is due to the stigma associated with reporting addiction to otherwise embarrassing sexual conditions.”² It is a real disorder that affects both men and women. Dr. Patrick Carnes’ research indicates that approximately 20% of those seeking help for sex addiction are female. This male female ratio is consistent with that found among recovering alcoholics. It is difficult, however, to state with certainty which gender has the higher rates.³ Even with the stigma, the estimated incidence of sexual addiction in the U. S. is greater than the rate of eating disorders and gambling addiction disorders combined.⁴

Like other addicts, sex addicts put their health, finances, emotions, and relationships on the line all because they *must* have those few minutes of release. Sex addiction is never really about sex, but it is about a hungry heart that desires or craves intimacy. Many people enjoy sex and loves sexual pleasure, but sex addicts are different: The sex addict *needs* sexual stimulation in order to feel alive and happy. Like an alcoholic who needs a drink or an addict who needs a hit, **sex addicts do not want to live without their drug of choice. A sex addict may report that he truly and deeply loves his spouse, but he might be powerless to control his physical and mental need for sexual stimulation.**

Defined, sexual addiction is a pattern of sexual thinking and behaviors that people employ to avoid, to numb out or deny feelings and emotions. Carnes defines sexual addiction as “an entire pattern of maladaptive behaviors, cognitions, belief systems, and consequences; the behavior alone can be identified as sexual compulsivity.”⁵ For the sexually reliant or dependent person, sexual experience becomes the reason for being, and a substitute for normal human relationships. It provides both excitement and relief from troubles for the time being.

² CME Resource & NetCE. Sexual Addiction in *Continuing Education for Social Workers*. (2011-2012), 3.

³ Rob Jackson, *Help for Female Sex Addicts*. Retrieved from website: www.ChristianCounsel.com. June 3, 2012.

⁴ *Ibid.*, 3.

⁵ *Ibid.*, CME Resource & NetCE, 5.

The other side of the coin is that it also becomes the source of a deep sense of shame, isolation, despair, and fear of discovery that is intensely damaging. The person vows to discontinue the sexual behavior, but finds him or herself powerless to do so. Some become so desperate they believe the only way out of their addiction is death.⁶

For many addicted women suicide is reserved as a back-pocket option, a sure way out of pain. Most of those women don't really want to die; they want to kill the pain. Their addictive side mercilessly taunts the healthier side: "You're such a shit, you're no good, you deserve to die." Women suffering great emotional pain think of dying as a welcome relief from struggling through one more day.... Keeping suicide as an option, or using such fantasies to threaten a partner, is like the alcoholic keeping alcohol in the house "just in case."⁷

Though traditionally men are more readily thought of as sexual addicts and thus are the ones for whom treatment has been traditionally prepared and directed, sexual addiction is not just a phenomenon common to men. Men have been considered the sexual ones, while women are usually viewed as someone who had to have an emotional attachment or be "in love" with their sexual partner. Because women have been seen as the weaker vessel, when caught in conceding sexual circumstances, many would think they were either in love or being forced in a situation.

When one hears of pornography, of one-night stands, of multiple partners in a one 24 hour period or shorter period of time, compulsive cheating, openly flirtatious behavior, seeking out prostitutes, engaging sexually with a woman other than their mate, or other risky sexual behaviors, until recently, one automatically thought of men. So if he views pornography, and women are taught to just accept that's how men are, or that "boys will be boys." If a woman, however, indulges in these same or similar behaviors, it is considered unacceptable, and she may be called "slut," "whore," "nymph" or "nymphomaniac," "loose" or "common."

Times have changed, however. Women can have sexual addictions that can affect their self-esteem, their self-worth, cause great shame, prevent them from succeeding at work or relationships, and lead to detrimental outcomes. In short, their lives become

⁶ Charlotte Kasl, *Women, Sex, and Addiction* (NY: Harper & Row, 1989), 18-20.

⁷ *Ibid.*, 205.

antithetical to them loving their God, themselves and others aright. Sex addiction, also known as love addiction, can cause a woman to place herself in dangerous situations, such as meeting strangers on the Internet for sex and even selling her body.

This article addresses how a young girl's new identity in Christ can be employed to heal the damage that is done by early childhood experiences. It is these untreated early childhood experiences that lay the groundwork for sexually addictive behaviours in later adolescent and adult years.

I. Source or Causes of Sexual Addiction in Women

Sex addicts are victims of an insidious disease that has its roots in deep emotional pain. Professionals at the Rimrock Foundation reported that in their program, that 87 % of people who suffer from sexual dependency had been emotionally, physically, or sexually abused as children. This is a particularly frightening aspect of sexual addiction in that it is a family illness that can be passed down to the next generation. Statistics reveal that approximately 89% of all sexual abuse is perpetrated by someone who knows the child; and many of these are family members (Rimrock Foundation www.rimrock.com).

As suggested above, the source of the deep emotional pain mentioned above can be attributed to a young girl's experience of abuse in childhood – sexual, verbal and physical. While this article is addressing sexual addiction, we know other addictions – alcohol, drugs, codependency - also have their roots in trauma abuse in childhood. Sexually dependent people often turn to other addictive behaviors to help cope with life, including compulsive overeating, gambling, violence or work addiction. “By far the most common combination of addictions is that of sexual addiction and chemical dependency. **Sex addicts** use drugs and alcohol to medicate themselves against the pain and shame of their **sexual addiction**, and eventually will become dependent on chemicals as well” (Rimrock Foundation: www.rimrock.com).

Dr. Laura Berman (www.dr.lauraberman.com) subscribes to the belief that many sexual addictions in women are caused by sexual abuse suffered as a child or adolescent. In such cases, the woman's self-esteem is tainted and she's turned into a sexual object. Sometimes, as adults, sexually abused women will become sexual addicts because they think that is a way they can equally use men for

sexual purposes, or because they have no concept of what healthy sex is like. They often feel that they are only valued for their bodies and nothing else, and that they can use their bodies to obtain love and attention. Dr. Berma further reports that her experience has shown that “many women in the sex industry admit to a history of sexual abuse as well as sexual addiction.”

The Mayo Clinic’s position is that it is unclear what causes compulsive sexual behaviors, but that there are four possible causes and these are: (a) an imbalance of natural brain chemistries; (b) sexual hormone levels; (c) conditions that affect the brain; and (d) changes in brain pathways (mayoclinic.org © 1998-2012 Mayo Foundation for Medical Education and Research (MFMER)).

Changes in the brain’s pathways could look like the following discourse on how addictive disorders develop and change the brain. In this brief account of the “Physiology of Addiction” or how addictive disorders develop and change the brain, we read the following:

The "human will" resides in the neocortex tissue of the brain. Here lies a series of brain cells connected to each other by synapses. These connections disconnect and reconnect over time depending on one's experiences. With repetition, one's choices, behavior, and actions create links and defined routes (or "ruts") that become embedded in the tissues actually making the pathways easier and easier to follow. It's sort of like a hiking trail that gets worn through the woods and easier to follow the more times its used. Therefore, as stated by Satinover, "A specific behavior, whether good or bad, becomes increasingly strengthened through repetition. Physically altering the brain tissue to create new and better pathways is a difficult task and takes persistent repetitious new behavior" (TeenPath.org).⁸

Dr. Patrick Carnes, mentioned earlier, however, the man who described the phenomena of sexual addiction in his groundbreaking book in 1983, titled: *Out of the Shadows*, attributes, in part, the source of the addictions to the addict's belief system. He stated that a fundamental momentum for the addiction is provided by "*certain core beliefs*" in the addict's thinking that are wrong or incorrect: Generally, addicts do not see themselves as worthwhile persons. Nor do they believe that other people would care for them or meet their needs if everything was known about them, including the addiction. They also believe that sex is their most essential need. “Sex is what makes

⁸ TeenPath.com.

isolation bearable. If you do not trust people, one thing that is true about sex--and alcohol, food, gambling, and risk--is that it always does what it promises--for the moment. Thus, as in our definition of addiction, the relationship is with sex--and not people.”

Kasl further defines some of these core beliefs, and separates them into *core beliefs* and *operational beliefs*, or translation of the core beliefs into a course of action. The child who is abused, abandoned or neglected, feels terrified, angry or sad. She fears she will die. When no one responds or addresses her feelings, she concludes that her feelings must be bad. When she, however, is unable to separate her feelings from her identity, she translates this to be: “My feelings are bad” or “I am bad.”

Eventually, she becomes a shame based person, meaning she feels defective at her core. Her core beliefs about herself are negative, and her script in life will be written on these beliefs. She may go through life believing herself guilty of a nameless crime, for which she deserves to be punished. Because her emotional and physical needs are not met in childhood, even if her parents were physically present, she believes that she will always be abandoned.⁹

Other core beliefs often articulated by women who have been abused, abandoned or neglected, as documented by other clinicians and observed by this writer, include: “I am defective.” “I am shameful.” “I am bad.” “There’s something wrong with me.” “I’m not good enough.” “I’ll never be loved for myself.” “I am unlovable.” “I am powerless over my life.” “I can’t take care of myself.” “It was my fault.” “I’m not protected.” “I’m powerless.” “I am dirty.” “I am disgusting.” “I am trapped . . .” “I am unwanted.” “I will always be abandoned.” “I am alone.” “I will always be alone or lonely.” “There’s no one to help me” (“ . . . and there never will be”). “My body is damaged/shameful/defective/repulsive.”

Sexual addiction has its root in survival skills women adopt to cope with childhood wounds – neglect, abuse, loss, sexual shame, and negative sexual programming about just being female.

That the child will adopt some kind of survival skill is a given. The exact nature of the these skills is influenced by family experiences, innate temperament, chance events, education, and cultural messages that are influenced by class, ethnic background, religion, education, and the media. When she stumbles onto

⁹ Op. cit., Kasl, 45.

a behavior or stance that relieves pain or gives power, chances are she will adopt it. She may try to be cute, competent, tough, smart, and athletic; or she may adopt the role of troublemaker, or loser, hoping to stop her parents from hurting her and to get their attention.¹⁰

While sexual addiction may have its roots in physiological arenas having to do with brain chemistry and function, there is much evidence to support that trauma in the girl's childhood overwhelmingly impacts her view of sexuality. It is out of this trauma that core beliefs are formed that dictate the girl's life until those core beliefs are recognized and reprogrammed. It remains to be clarified how much is nature versus nurture when considering the root causes of sexual addiction, but we know that nurture plays a significant part.

II. The Common Signs of Sexual Addiction in Women

A. In Childhood

Long before the teen years, young girls who have been sexually abused may “act out” in a sexually perverted way, or act sexually in ways far beyond their level of maturity. A child may simulate a sexual act or do to another child what has been done to them or they have watched an adult do to someone else. This actually may be the first clue to an informed person that maybe this young girl has been sexually abused, and may become the basis for further investigation.

Children may act out stress by self-injurious behavior such as biting themselves, cutting themselves, or by destructive, continuous masturbation. It's not uncommon for me to hear a woman say I can remember ongoing masturbation since I was five or six years old. Children may draw pictures of the genitals of adults or children. Another example is of precocious sexual behavior of a young girl crawling up in the lap of an adult man and beginning to unzip his pants.

I recall a story relayed to me by a school teacher who became aware of a kindergarten's abuse because of the child's behavior in class. It was during nap time, but the little girl became disruptive because she kept dropping her pencil. And while it was not mandatory that she go to sleep, it was mandatory that she quietly put her head on her desk, and allow the other children to sleep. But as stated, she kept

¹⁰ Ibid., 46

dropping her pencil, and the little boy next to her kept picking it up for her. The teacher watched and noticed that every time he would hand her the pencil, she would take his hand and guide it between her legs. This became a reason for sexual abuse to be investigated in the life of this little girl.

B. In Adolescence

Emotions stifled in the young child can show up in an overt manner in adolescence. Intensely painful emotions are revealed in “acting out.” Acting out can appear in various forms such as rebellion against authority figures, arson, violence, stealing, cruelty to animals, promiscuity, having intentional “accidents,” chemical use or abuse, physical or sexual abuse of self or others, vandalism, incorrigibility, depression, or eating disorders, as well as other displays of negative behavior.¹¹

For women who were sexually abused as children, their addiction of *sex without love* can begin in the early teen years, which is becoming more prevalent in today’s teens culture. In the teen years, the criteria that suggest that an addictive process has set in may include the following:

- Frequent engaging in a behavior to a greater extent or over a longer period than intended
- Persistent desire for the behavior or one or more unsuccessful efforts to reduce or control the behavior
- Much time spent in activities necessary for the behavior, engaging in the behavior, or recovering from its effects
- Frequent preoccupation with the behavior or preparatory activities
- Frequent engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligations
- Giving up or limiting important social, occupational, or recreational activities because of the behavior
- Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior

¹¹ Lynn Heitritter and Jeanette Vought. *Helping Victims of Sexual Abuse: A Sensitive, Biblical Guide for Counselors, Victims and Families* (Minneapolis, MN: Bethany House, 1989), 43.

- Need to increase the intensity or frequency of the behavior to achieve the desired effect, or diminished effect with continued behavior of the same intensity
- Restlessness or irritability if unable to engage in the behavior (Teenpath.org).

C. In Adult Women

Women who have been sexually abused have experienced a perversion of sex – that is sex without real love or sex devoid of love, as mentioned above. The way real sex was intended to be can only be had within the context of real love. Real love would never be abusive or take advantage of a woman. Her sexuality is deeply ingrained into who she is, which affects the way she relates to other people. If she only received affection when she was being abused, she learns to relate to men in a sexual way. This opens the door to promiscuity, lesbianism, and even worse, a belief system that “sex is bad.”

The signs of sexual addiction are usually cumulative, as already suggested. The woman may at first think that she's enjoying a varied sex life with a range of men, or that it's positively feeding her self-esteem. Over time though, the patterns of sex addiction assert themselves. Often, by this point, it's a difficult challenge to stop these well-worn sexual habits. Addictions are all repetitive, they worsen over the course of years, they make one feel out of control, they are used as a cover for something else one is not dealing with in one's life and they destroy what one cares about.

If the woman keeps engaging in sex with strangers, has dangerous affairs, can only feel pleasure through sadomasochistic acts and usually feel depressed or melancholic “the morning after,” these are all key signs that she has a sex addiction. Further, if her sexual habits could give her a disease, be a source of violence in others or lead to the dissolution of marital or parenting arrangements, and she continues to persist in such activities regardless, then her addiction is even more serious.¹²

Women sex and love addicts can struggle with the following addictive behavior patterns, among others:

- An endless search for “the one”

¹² Catherine Owen, *Sexual Addiction in Women: Signs, Causes and Treatments*. See <http://suite101.com/article/sexual-addiction-in-women-a67285#ixzz1yO2Og3re>, accessed Sept. 4, 2008).

- An attraction to troubled, addicted, abusive or otherwise emotionally unavailable partners
- A mistaking of sex and romance for intimate love
- The use sex and/or love to disguise loneliness or unhappiness
- A changing one's appearance through excessive dieting/exercise or surgery
- The use of seduction, sex or other schemes to draw or hold onto a partner
- A multiplicity of extramarital affairs
- Compulsive masturbation with or without pornography
- A making of sexual advances toward individuals in inferior power positions
- A habit of dressing seductively to attract attention, take risks or feel empowered
- A habit of having sex in high-risk locations or situation
- Inappropriate sexual and relationship boundaries (e.g., engaging in a relationship with a married man or boss, or several men on her job, all who interact with each other).
- An exchange of sex for drugs, help, affection, money, status or power
- Having anonymous sex or repeatedly "falling in love" with strangers¹³

For others, sexual addiction may show itself as a true addiction or as the modus operandi in a woman's life for her unmet needs. Since women are socialized to value relationships, (and since sexually addicted women are no different), the underlying sexually addictive behavior in most women is a desire for an ongoing relationship.

- Primary source of power is conquest; they become addicted to the seduction, to the hunt, and to the feeling of having made the conquer
- Some have many partners; some very few
- Compulsive masturbation may be the primary form of addiction for some; Others may never masturbate
- A fear filled pre-occupation with sex
- Sexual acting out, fantasies, obsessions, and an escalating pattern of driven compulsive behavior that permeates their lives. Some are attracted to older authority figures, others to younger people with less power

¹³ Catherine Owen, *Do You Recognize Any of These Women: Common Signs of Sex and Love and Addiction in Women*, see www.RecoveryRanch.com/specialized-programs/womens-love-addiction-treatment.

- Binge – and starve quality – periods of intense sexual activity and ability to have relationship, then the pendulum swings – sometimes over week, months or even years
- Self-abuse and violence are part of the pattern for some women. This includes sadomasochistic sexual relationships; pornography for arousal; and other become addicted to it
- Prostitution – long term or short term
- Fantasies of sex with animals; or sex with a younger child or adolescent¹⁴

The internal experience is described as “performance-oriented, genital experience focused on the high of orgasm, bring a momentary escape from pain. It is a metaphor for an emotional longing to be connected to another person and escape feelings of alienation. As one woman said, “There is a feeling that nothing else matters but being sexual, even though it’s always followed by emptiness.”¹⁵ Another woman has related to this writer that when she gets it in her head to go on “the hunt,” there is nothing anyone can say to stop her. It’s like something “takes over me”, and my only goal is to find someone to “scratch the itch. If encounter #1, does not scratch the itch, she moves onto to the next” (sometimes within the hour, and it can be anytime, day or night).

III. Spiritual Damage of Sexual Abuse in Young Girls

“But Jesus called them unto him, and said, ‘Suffer little children to come unto me, and do no forbid them; for of such is the kingdom of heaven” (Matt 19:16, Luke 18:16, NKJV). Many survivors of sexual abuse have intense spiritual conflicts. Children who have been sexually abused have a difficult time coming to Jesus. If they come, and trust him to be their Savior, they may have a difficult time trusting Him to be Lord over their lives.

These children come away from abuse with a distorted image of God and a distorted image of herself. “The distorted image of God, along with this distorted image of self, creates multiple barriers to experiencing God’s presence in the healing process or His love in other facets of life.”¹⁶ A distorted image of self, feeling of being worthless, rejected, insignificant, or abandoned can either complicate

¹⁴ Op cit., Kasl, 50-55.

¹⁵ Ibid., 51.

¹⁶ Op cit., Heitritter and Vought, 53.

or be the product of the spiritual damage brought on by shame, which is inherent in every case of sexual abuse.

Along with the issue of shame, every abuse victim must address the issues of confusion, trust, guilt and guilt feelings, fear, anger, self-hatred, unforgiveness toward self, God, parents, others, church members, difficulty receiving love messages, and the lack of understanding and compassion in the church.

Some of the few specific areas of spiritual struggles are heard in the voices of the victims recorded below

- Help! Sometimes I think my life is over and have thoughts of suicide. I'm a believer but felt that even God hates me and without him, there's no meaning to life.
- I don't feel God really loves me – and I've been willing to accept that because I haven't felt that I deserved his love.
- When I was young, I was abused by my stepfather. It has short-circuited all my attempts at relationship with God.
- I must have received Jesus literally hundreds of times, but I never had any assurance that he had really come into my life.
- I was never able to see God as “Abba” or to have a real understanding of God as Father . . . I never let anyone into my place of safety because I felt I wasn't worth it – and besides, I couldn't even trust God not to hurt me¹⁷

If a child grows up without knowing and experiencing Christ, that child will come to acknowledge their distortions as truths about God rather than the result of fallen humanity as it is. Distortions about God can take the form of beliefs such as: God is dead or nonexistent. He is impotent. He is an impossible taskmaster, as celestial “kill-joy, or perhaps a “Santa Claus” in the sky keeping track of whether we are naughty or nice.”¹⁸ He can also be seen inept, undiscerning or powerless. And since parents are God's representatives of His agape love in the earth, they likewise, have a distorted view of their parents, or who their parents should be.

When parents abuse their children, or fail to protect them from abuse, as the intended “agents” of God's grace and do not reinforce the child's true perception of God, the parent can become tools of

¹⁷ Maxine Hancock and Karen Burton Mains. *Child Sexual Abuse: Hope for Healing*, rev. ed., (Wheaton, ILL.1987), 51-53.

¹⁸ *Ibid.*, 53.

destruction to the children. This can be the case if a child comes to the conclusion that only a “jerk” would allow a little child to be hurt and then be mad at them for feeling hurt, (as a parent in denial can do). Based on how parents handle her feelings and their denial of the girl’s feelings, she may decide that God must be a “jerk” too, and someone who is detached and inept. In this sense, her concept of God has separated her from her ability to relate to Him on a personal level, even though she may go to church on a regular basis and sing: “Jesus Loves Me, This I Know . . .” or “Jesus Loves the Little Children, All the Children of the World . . .

IV. Tertiary Prevention and Treatment in the Incestuous Family

A. Focus on the Family

The above is the progression of what can happen when primary and secondary prevention efforts have failed to keep a young girl safe from the trauma of sexual abuse. Therefore, at this stage, any intervention is done at the tertiary level to assist the girl and her family, to prevent further abuse, and most importantly, to provide adequate treatment early enough so that she does not develop the severe, long term consequences of childhood sexual abuse. The question is how do we use the concept of her new identity in Christ in counseling sexual addiction in young girls?

I have defined sexual addiction and have considered the causes and the manifestations of sexual addiction in young girls, in adolescence, and what full blown sexual addiction looks like in adult women. The goal in counseling is to prevent sexual addition or addictive sex from reaching this “mature” stage in this young girl. Therefore interventions must begin in childhood as soon as the abuse is discovered. Where the abuse has been perpetrated by someone outside of the family, the family can rally around the victim and help her and them to heal.

When, however, the perpetrator is within the family, as in an incestuous family, that could have also penetrated generations within that family, the interventions to heal and protect this little girl can be quite challenging. The challenge is that, as a young girl, her new identity in Christ is dependent upon the parent or caregiver’s identity in Christ in the early years. It will be their willingness to model Christlikeness to the child as they allow Christ to be formed in them.

But treatment must go beyond the young girl and her family. It must include the pastors and church leaders, in many cases, whose ignorance, silence, nonchalant attitude, inappropriate response and “Band-Aid” approach to the issue of child sexual abuse can only serve to drive the dagger of pain deeper into the child’s heart, perpetuate her pain, and leave her spiritually destitute. Such band aid comment examples are: “It’s in the past.” “You must forgive and forget.” Just give it to God.” Just trust in Jesus and everything will to be ok.” Or in response to a pastor or church leader who sexually abuses a girl, “You can’t touch God’s anointed.”

The reality is also heard in the voice of this victim who said “I did have one counseling session with my pastor, but it seems he thinks this should have healed me.” There is also a pervasive belief that the church does not understand their pain, that the church does not want to know or understand about abuse, that the church only seemed concerned about its “name,” and that the church seems to feel it’s the victim’s fault.

Charles Colson talks about the attitude of the church on such issues in his essay: “*On Christianity and Magic Wands:*” He states:

Much of today’s teaching and preaching communicates Christianity as an instant fix to all of our pains and struggles. Consequently, we begin to think of our faith as a sparking magic wand: we wave it, and presto, our problems are gone in a puff of smoke . . . This is, bluntly put, heresy . . . It not only makes Christians incredibly naïve in approaching complex problems, but I can shatter the fragile faith of the believer who expects the magic wand to work every time. When those problems don’t disappear . . . he questions whether his spirituality is faulty. The result is guilt . . . If we trust this fairy-tale brand of Christianity, we eventually fall victim to its consequent paralysis . . . as we confront our own repeated sins and failures, [and] as we encounter the stumblings of those to whom we minister”¹⁹

Another step beyond the involvement of pastors and church leaders in the healing of this young girl and her family is the church’s stance in the community. The church can be a voice for both primary and secondary prevention of childhood sexual abuse, and thus protection and reduction in the number of girls who will eventually become sexually addicted in their adult years.

¹⁹ Op cit., Hancock and Mains, 52.

Pre-treatment is breaking of the silence, especially where there is incest. It will require at least one bold, courageous person to stand up and expose the incest, which then sets in motion the movement toward healing. The silence breaking activity begins then to work in a backwards motion through the family to impact all – the child victims, the adolescent victims and the adult victims. The goals are: (1) beginning of the healing process for the victims (as healing and recovery will be an ongoing process); (2) prevention from and protection for other young girls (and young boys as well) in the family from initial or further abuse; and (3) justice for the perpetrators.

Incestuous families are often multi-problem families. The issues that make it a multi-problem family includes: (1) self-worth or feelings and ideas family members have about themselves; (2) communication or the ways people attempt to have meaningful interaction; (3) the family system – or the rules that govern how family members feel and act; and (4) the link to society or how family members relate to each other and to institutions outside the family.²⁰

Some patterns that characterize incestuous families include: (1) shame; (2) abuse of power; (3) distorted communication; (4) social isolation; (5) denial; (6) lack of intimacy; (7) blurred boundaries; (8) dependency/emotional neediness; and (9) lack of forgiveness.²¹ Having determined these characteristic of the incestuous family, goals must be established to address each of these areas. The young girl cannot heal in a vacuum.

The treatment process, which will include both individual and family treatment, begins with a thorough individual and family assessment, as the “identified patient” is not treated in isolation from her family. The family assessments will identify the strength and weaknesses of the family system which will determine the degree and type of family pathology, and will become the basis for establishing goals for intervention in each area. As the incest may have extended beyond the immediate family members (parents and sibs), the family treatment may additionally include extended family members.

²⁰ Op cit., Heitritter and Vought, 65-87. These authors have outlined the treatment plan outline the nine components that is summarized and paraphrased over the next few pages.

²¹ Ibid., 86.

The goals of intervention and likewise the indicators of recovery and readiness for discharge are the same for children of all ages and adolescents. The specific approach will be determined by particular age of the child and thus the level of understanding as well as the severity of the impairment. Depending on the age of the child, and especially in the case of incest, it becomes even more imperative that the entire family is in treatment, which will be detailed later.

Treatment goals for the family corresponding with the nine areas above would then include:

1. Shame

The curse of shame which passes from one generation to the next perpetuates all forms of abuse had its beginning in the Garden of Eden. The fact that they lost their source of unconditional love, their source of value and belonging established defectiveness in human beings p.66. The fact that it is impossible to regain what was lost or to earn God's approval through personal performance leaves one unable to correct their personal defectiveness.

The treatment goals for shame include the need for the family to learn the difference between shame and guilt and the solution to each; to identify the shameful messages each person has learned from their family of origin; to talk through their feelings of anger, fear pain because of the messages, and to replace these messages with the truth of who they really are in the sight of God. Based on Romans 12:1-2, they must renew their minds, and as they renew their minds, they can teach their young girl victim the same by precept and example.

The family member will need to embrace 2 Corinthians 12: 9-10, where Paul assures us that God's grace is sufficient for each of us, and that His power is made perfect in our weakness. With this truth, the family member will not need to pursue perfectionism, which is another signal of shame in the incestuous family system. Once they know the gift of God's grace, family members can begin to give themselves permission to make mistakes, to be imperfect and fallible. Once they experience their true identity and acceptance through Christ, they can be empowered to let go of their perfectionistic, performance- oriented behaviors, allow themselves to make mistakes and still retain their self-worth.

2. Abuse of Power

Child sexual abuse is always an aggressive act by the perpetrator upon an innocent victim even when force is not used, as it is not necessary. This is aggressive, rather than the use of benevolent power by the strong, more powerful, over the weak. The powerful family member will continue to abuse his or her power until they are checked, which means dealing with the abuse of power in family becomes primary.

The treatment goals for abusive power includes the family's need to understand how the wrong use of power has been destructive to every family member. The aggressive family member will need to become assertive, and the passive family members, the victims, will need to learn to become assertive. The counselor needs to confront abusive behavior.

Christ role-modeled how to do this in his dealings with the abuse of power by the Pharisees in Matthew 23:1-4). Christ confronted the Pharisees by saying that they loaded the people with impossible demands that they themselves don't even try to keep. (" . . . for they preach, but do not practice. They tie up heavy loads, hard to bear, and place them on men's shoulders, but they themselves will not lift a finger to help bear them" (v3-4 Amplified). The counselor will need to call attention to "inside of the cup" and expose the wrong use of power that has used the child to meet sexual and emotional needs of the parent. The balance comes in confronting wrong behavior, holding the persons accountable and allowing the Holy Spirit to bring conviction for abusing their power, but without condemning them.

3. Distorted Communication

Members of incestuous families do not know how to communicate with one another. They miss out most importantly on the nonverbal communication that takes place. They have rules about not talking, whether spoken or unspoken. They "walk on eggshells." They appease they blame; they control, and they use confuse communication that is scattered, confused and irrelevant.

The goal is for them to identify their dysfunctional communications patterns within their family and secondly to develop communication that is honest, free-flowing, and non-threatening to the self-esteem of other the family members. The Scriptures have much to say about how we are to communicate.

4. Social Isolation

The family isolates itself for fear that someone will find out. Therefore, family receives no support, nurture or enjoyment outside the family system. In addition, individual family members often feel emotionally isolated from one another, and so live a lonely and hostile existence. Because the family is not meeting this need for them, they have few outlets for their anger, tension and aggression that come with the territory.

The goal is to help the family recognize the need for and to develop an open system, that helps them to connect with persons outside their family system. This will not be easy for the incestuous family, but the goal would be, over time, to help them make the connections. Connecting with members from their church family and establishing trusting relationships there would be beneficial to both the adults and the victimized child(ren). It will likely be a long process. The counseling process will help them to identify their fears about what might happen with a more open system.

5. Denial

In families where incest takes place, denial is used as a defense mechanism and often is the only coping skill available to the family members. Denial can be destructive to the individual who employs it because it diminishes one's capacity to empathize with others. For the child victim in a family, denial robs both parents of their ability to empathize with her plight. Denial allows a mother to overlook incestuous behavior that goes on right in front of her, and therefore is unable to protect her young girl.

It would follow that the goal would be for the family to confront the denial and accept the painful reality of the impact it has had on each family member. The family would have to do so “in small chunks” or in removing layers one at a time, as it can be overwhelming for one to face all at once. John 8:32 says: “And ye shall know the truth and the truth will make you free.” It is only in acknowledging that there is a problem, that the problem can be addressed.

6. Lack of Intimacy

Often times, incestuous families are only defined in terms of sex, or false intimacy. The false intimacy is the family's attempt to invent

true intimacy of being connected to and sharing closely with each other. In these family systems, there is emotional and physical alienation between husband and wife. Neither family member is able to be up close and personal with each other because the lack of trust, poor self-image, and limited ability to acknowledge and meet each other's needs has robbed the family of this vital component.

The treatment goal for intimacy within an incestuous family is to help the family heal from having misplaced their trust and sustaining hurt, and to accept that the foundation for building intimacy is trust. This begins with their understanding that a relationship with God is based on trust. Intimacy with God based on trust is the beginning of intimacy with each other. The counselor will have to start with where each parent is spiritually, and build from there. Romans 10:17 says "So then faith cometh by hearing and hearing by the word of God." Or Proverbs 3:5 says "Trust in the Lord with all thine heart, and lean not to thine own understanding. In all thy ways acknowledge Him, and He will direct thy paths." As parents grow in their relationship with God, they are able to teach their young girl by precept and example of what it's like to trust, and ultimately what it's like to be intimate.

7. Blurred Boundaries

A blurring of generational boundaries is also characteristic of families where incest happens resulting in role reversal or role confusion. When family members deviate from their God given roles as parents and as children, it lends itself to blurring of boundaries and confusion. This confusion distorts every aspect of family life. Limit setting is rare in respect to ones belongings, personal space, privacy, property, feelings, thoughts and their own bodies.

The treatment goal for blurred boundaries includes the need for the family to (1) be taught appropriate boundaries; (2) to learn to respect the boundaries of every family member and (3) to learn what appropriate roles are for each family member. By clarifying boundaries and correcting roles that have been reversed, the family members can learn to meet each other's needs in healthier ways.

8. Dependency/Emotional Neediness

Each one of us has emotional needs that must be met in order for us to have normal growth and development. When these needs go

unmet in childhood, it carries over into adulthood. An emotionally needy child becomes an emotionally needy adult. This adult may utilize pathological and destructive means – maybe incest to meet these needs for love, to feel valuable or to belong. Many of these needy adults become takers and not givers. They may appear physically mature, but are emotionally immature and therefore unable to experience and sustain healthy relationships. These are those with addictive personalities. “They are addicted to people, sucking on them and gobbling them up, and when people are not available to be sucked and gobbled, they often turn to the bottle, or the needle, or the pill as people substitute.”²²

The treatment goals for dependency involves family member need to learn that their love needs are valid and appropriate, but that those needs must not be met at the expense of others. They will need to learn how to adequately meet each other’s needs and to give appropriate physical affection. They will need to develop individuality and an awareness of themselves as unique and valuable, apart from other family members.

Family members will need to learn that they can depend on God as the source of meeting their deep emotional need for love and value, that no human was intended to, nor can any human meet these needs for them. God says in Matthew 6:33: “Seek ye first the kingdom of God and his righteousness and all these things shall be added unto you.” He also says: “Ye shalt have no other Gods before me” (Exodus 20:3, Deuteronomy 5:7, Judges 6:10, Hosea 13:4). Compulsive sexual behavior can take the place of God in one’s life. Parents will need to come to the place to see the idolatry in their beliefs and their behavior. Again, this is a learning and growing process that will material over time, but parents’ willingness to embrace the Word of God, and allow the Word to have first place in their lives will eventually pay off in their lives and in the lives of their children.

9. The Need to Forgive

Finally, forgiveness is absolutely necessary in order for incest trauma to be healed, resolved. Many balk at the idea of forgiving when there has been sexual victimization, whether due to incest or

²² Op cit., Heitritter and Vought, 82.

not. And while the offense is great, and while one is not expected to go to the forgiveness channel as a first stop on the journey toward healing, wholeness and health, the forgiveness is a station that must be visited along the way. Forgiveness is ultimately the only way “to turn off the tape” that plays, and replays the pain, the resentment, the anger and hatred toward others for victimizing and for not protecting her from being victimized. As important as it is to forgive others is the need to forgive herself.

The goal of treatment regarding forgiveness is that all will eventually forgive all. It will be important that the family and the young girl embrace the process of forgiveness. With her new identity in Christ, the family and the victim will be encouraged to “to put off” the old, negative behavior patterns and “to put on” the new self, created to be like God in true righteousness and holiness. Such Scriptures include Ephesians 4: 22-25; Luke 11: 23-25; Matthew 6: 14-15. The counselor will walk with the identified patient abusing family member and the family as a whole through this process, which for most, will take a while. By the time the family reaches this juncture in the treatment, trust of the counselor’s ability to walk with them the remainder of the way will have been fully established.

B. Focus on the Young Girl

Treatment goals, and thus discharge criteria for the young girl are listed below. Readiness for discharge means that she:

- Has developed or is on the road to developing a realistic, true image of who God is in her life, as well as who she is in relationship to God
- Is able to acknowledge and sufficiently face her feelings of confusion, guilt, fear, anger, depression and anxiety at the level she is able to understand and address it.
- Has dealt sufficiently and specifically with the nature of the abuse, the methods of coercion, negative and positive feelings as well as secondary gains or “benefits” [Secondary gains or benefits can be seen as the unconditional love in exchange for the abuse, the favors she received, as well as peace in the home for her going along with the abuse].
- Is able to understand that the abuse was a violation; that it was not her fault; that the responsibility of the abuse belongs to the adult or perpetrator (as the perpetrator could have been a teenager)
- Is able to understand that not only was the abuse not her fault, but the storminess or disruption in the home, family and/ or church that followed also was not her fault

- Has developed an increased awareness of her value and worth
- Has dealt with her anger and hostility toward her mother, the perpetrator or anyone else whom she thinks may have been responsible or who could have protected her from the abuse
- Is able to list significant others she can trust, especially her mother to protect her from future abuse
- Is able to demonstrate an understanding of her earlier confusion between sex and affection; must be taught the real truth about love and the real truth about sex as it is appropriate for her age level.
- Is able to say “no” to sexual advances of others, or any words or actions that make her feel uncomfortable,
- Demonstrates an understanding of what she should do should she be approached again
- Demonstrates an increase in overall social skills based on her age and level of understanding, and has developed age appropriate activities and contacts
- Is able to understand, at her level of maturity, what is healthy psychosexual development, and how God views sex
- Generally feels better about herself and more trustful to others²³

Foundational to the young girls’s healing is her new identity in Christ, or her renewed, and truthful identity in Christ. Without first establishing or repairing the interpersonal relationship with God based on I Corinthians 5:18-21, the abused girl has no foundation on which to establish a lasting victory over the damage to her life, nor sustenance for the healing journey. Depending on the nature and severity of the abuse, and thus the extent of the damage, this healing journey can be a long one.²⁴ The length of the healing journey will also depend on the openness, honesty and willingness of parents to likewise embrace their relationship with Christ, as they will set the tone for her growth and maturity.

The benefit of intervention in childhood is that while the abuse was devastating to the young girl, the treatment of her at an early age, hopefully prevents the indelible imprinting of the life scripts or lie-based thinking on her heart and mind that resulted out of her abuse experience. Her new identity in Christ must be utilized to rewrite the script for her life based on the lies that have resulted out of the

²³ Ibid., 35-36.

²⁴ Craig Lockwood. *Falling Forward: The Pursuit of Sexual Purity*. (Anaheim, CA: Dessert Stream Ministries, 2000), 1-2.

distortions from the abuse. Not only will there be an interruption of the cystyallizing of the lie-based scripts in this young this girl’s life, but there will a breaking of generational patterns that have been established and perpetrated within the family and extended family.

As a new believer, Jesus comes by His Spirit to abide with her. Once He comes to be with her, He remains and never leaves. This is a concept that must be taught to the young girl. Deepening her knowledge of Him is a process that is neither instantaneous nor automatic, but will require the ongoing participation of the young girl, the therapist, parents and family members as well as church leaders who will impact the young girl during these years of her spiritual formation. This will then free her up to have a happy, healthy and wholesome psychosexual development, removing the pathology that otherwise could steer her toward future compulsive sexual behavior.

Dealing with the spiritual damage is a significant part of the recovery process. The relationship with God must be entirely role-modeled first within a trusting and caring relationship with parents, and secondly with a caring counseling relationship with another person as a pattern for developing a healthy relationship with the person of Christ. During the process, it is imperative to address her questions and feelings about God. Inevitably, a sexually abused girl will have some of these questions and feelings as it pertains to God.

- Do you have a problem believing God loves you even if you don’t love Him?
- Do you ever wonder where God was when you were being abused?
- Do you ever feel you don’t deserve a relationship with a “good” person?
- Can you believe God understands you – and really loves you, just like you are?
- Do you ever feel that there is not one good reason in the world for God to love you?
- Can you begin to see yourself as God’s treasure (Psalm. 139:13-18) Matthew 10:30; Psalm 102:11; Roman 8:38-39, Jeremiah 31:3; Psalm 103:12; Isa 43:25²⁵

²⁵ Jan Morrison, *A Safe Place: Beyond Sexual Abuse*. (Wheaton, Ill: Harold Shaw Publishers, 1990), 145 – 150.

Summary and Conclusions

In this article, I have addressed how a young girl's new identity in Christ can be employed to heal the damage that is done by early childhood experiences. It is these untreated early experiences that lay the groundwork for sexually addictive behaviors in her later adolescent and adult years. I have identified these early childhood experiences as abuse, abandonment and neglect, but mainly sexual abuse, as being the primary root cause of compulsive sexual behavior that can begin as early as kindergarten years and progress to full blown sexual addiction by her teen age years. I have further narrowed this discussion to sexual abuse that occurs within a family system since statistics reveal that most abuse occurs at the hand of someone who knows the child, many times a blood relative.

In a perfect world, the treatment plan espoused will work for any young girl who is an incestuous family. The focus is on the incestuous family as foundational to helping the young girl to come to accept and understand her new identity in Christ. Parents are the agents of God's grace in the earth to model and reinforce the child's true perception of who He is.

In most cases, however, it would be less arduous to treat the sexual abuse and thus interrupt the path toward sexual addiction if the victimization had occurred at the hand of a total stranger. In dealing with the incestuous family, one is tackling a system that has been in place, in many cases, for generations, and with a denial system that has been strong enough for many in the family to take this big "family secret" to their graves.

We know that when the abuse occurs at the hand of a pastor or spiritual leader, that it impacts in a more severe way the young girls concept of God as a loving Father who protects her and takes care of her. One would expect a whole different set of dynamics if the incestuous family is already a Christian family when the abuse occurs. A still worse situation, however, is if the abuse happens to a young girl in an incestuous family where the perpetrator is also that spiritual leader or that pastor.



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