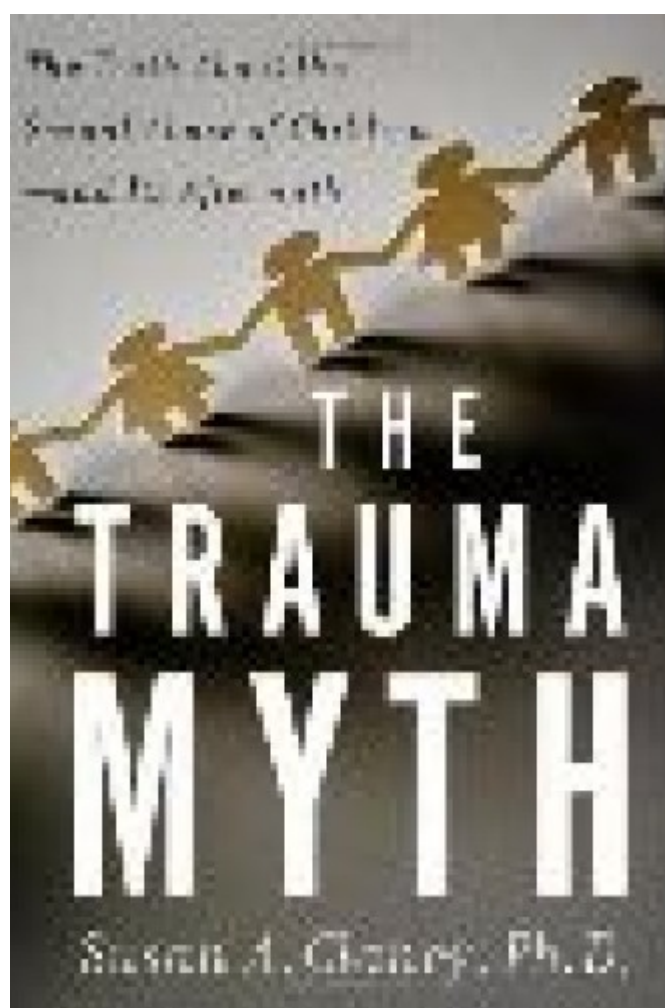


# The Trauma Myth: The Truth about the Sexual Abuse of Children—and Its Aftermath

reviewed by [Philip M. Coons M.D.](#) in the [April 20, 2010](#) issue

## In Review



## The Trauma Myth

Susan A. Clancy  
Basic Books

The sexual abuse of children is a national pandemic. According to statistics from a number of reliable epidemiological studies, one in five women and one in ten men living in the United States had a sexual experience with someone over the age of 18 when they were a child. A sexual experience may range anywhere from genital fondling to sexual intercourse.

This topic is of vital importance to clergy because a significant minority of their congregations were victims of sexual abusers when they were children. Pastoral counselors require education about sexual abuse because their clients may have been either victims or perpetrators and because the law in virtually every state mandates reporting of ongoing sexual abuse to child protection services. A small proportion of the clergy have themselves sexually abused children, and in the past many church leaders have not reported these clergy.

Beginning in the mid-1990s, Susan Clancy, now a psychology associate at Harvard, interviewed over 200 adults about memory and childhood sexual abuse experiences. Two-thirds of her interviewees were women. She solicited her subjects through a newspaper ad in the *Boston Globe* and other Boston-area newspapers. Unfortunately she does not completely describe her methodology, and her sample appears to have been biased.

In her interviews Clancy used a five-point rating scale to examine how traumatic the sexual abuse was for the victim when it occurred. She also used a number of experimental clinical interviews and rating scales that are not typically used by researchers studying memory and trauma. To her surprise, Clancy found that less than 10 percent of the victims viewed the abuse as traumatic, terrifying, overwhelming, life-threatening or shocking at the time that it happened, although 85 percent said that they were confused and thought that something was wrong about what had occurred. In addition, her subjects told her that they did not feel that they could protest when adults (usually family members) abused them because they had been told to trust adults and respect authority. Some felt neglected and wanted attention, and some described the sexual experience as feeling good at the time. Most of her subjects did not tell about their childhood sexual abuse because of shame and embarrassment. Looking back from adulthood, however, her subjects described shock, horror and disgust about what they had experienced.

Though what Clancy found is not new, victims' subjective reactions to child sexual abuse has not been widely studied. She was able to find only some 20 studies since 1938, and in them investigators found rates of shock, fright and fear ranging from 15 to 80 percent.

Clancy's findings caused her to mount a blistering critique against the trauma model of understanding a victim's response to sexual abuse in childhood. She also attacks what she calls the "billion dollar industry of media-savvy professionals, academics, publishers, and politicians who have transformed sexual abuse from a backwater social issue into a major social, health, and legal concern." Unfortunately, her misunderstanding of the trauma model has polarized her readers, many of whom are clinicians. Most reviewers on Amazon give the book either one star or five, with almost no one rating it somewhere in between.

Not a clinician herself, Clancy takes a narrow diagnostic view of trauma, the one found in the 2000 edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders*. According to the *DSM*, a diagnosis of posttraumatic stress disorder requires that an individual's response to a traumatic event involve "intense fear, helplessness, or horror." She seems to have missed the note explaining that in children discomfort "may be expressed by disorganized or agitated behavior."

Clancy and clinicians treating sexual abuse survivors agree that childhood sexual abuse is damaging and that it is not the victim's fault. In the aftermath of childhood sexual abuse a variety of psychiatric disorders can occur, including depression, posttraumatic stress disorder, dissociative disorders, psychosomatic disorders, personality and relationship disorders, and drug and alcohol abuse. A lack of support can be especially damaging to victims. Fortunately social attention to the problem of sexual abuse has somewhat reduced family members' tendency to react with disbelief, denial and minimization.

Clancy and others have found that it is not uncommon for victims to forget the sexual abuse. Despite her findings, however, Clancy attacks the idea of what she calls repressed memory. She incorrectly observes that the more traumatic the sexual abuse events are, the less likely the victim will be to forget. This mistaken opinion has previously been refuted by Lenore Terr's elegant studies involving traumatized children. Jennifer Freyd, in her 1998 book, *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*, takes a much wider view of the effects of trauma on

children and cogently explains how sexual abuse leads to distrust, shame and guilt in children and adults. She also explains how and why children may forget their sexual abuse experiences and later recover their memories in adulthood.

Clancy states that there is no clearly effective therapy for sexual abuse victims, yet she apparently did not query her subjects about what therapy they had received; nor did she review the literature about the nature or effectiveness of such therapy. She feels that prevention measures, such as education about "safe touch," have been a failure. However, she does not state precisely what measures should be taken to improve prevention and treatment. She does think that the statute of limitations for such crimes should be extended.

Although Clancy includes excerpts from some of her interviews, her book contains no figures or tables tabulating her findings; nor does she present many of the results from the experimental clinical interviews and rating scales that she used. Thus far, Clancy's study on the effects of childhood sexual abuse has not appeared in a peer-reviewed scientific journal.

Clancy argues that current prevention and treatment methods based on the trauma model do not work, but she appears to be mistaken. David Finkelhor's 2008 book *Childhood Victimization: Violence, Crime, and Abuse in the Lives of Young People*, which she lists in chapter notes, mentions that childhood sexual abuse has declined dramatically since the mid-1990s, and just recently a massive new federal study, the National Incidence Study of Child Abuse and Neglect, showed a 38 percent drop in the number of sexually abused children since 1993.

Unfortunately, Clancy's polemic against the trauma theory of clinicians and researchers who seek to understand and treat sexual abuse victims as adults has produced a flawed book. It's sad that like other contemporary issues that have confronted the church, the issue of childhood sexual abuse has become so polarized.