Holocaust Child Survivors And Child Sexual Abuse

Childhood sexual abuse is a difficult topic to discuss openly. In addition, Holocaust atrocities are difficult for society to suppress. These two painful issues and emotional burdens have created an invisible barrier in studying the connected topics. This paper asks the question, what were the perspectives of the survivors of the Holocaust who were sexually abused as children during World War II?

There is little known about child sexual abuse survivors from the Holocaust, although, there are rumors regarding women. Joan Ringelheim, author of The split between gender and the Holocaust, emphasized the sexual vulnerability of Jewish women and their silence during the time of the Holocaust. Her questions revolved around whether the silence reflects the reluctance of survivors to reveal their experiences, or if there was simply a lack of research (1998). In recent years, information from diaries and written testimonies from World War II help voice an incredible amount of women who were terrorized by rape or feared sexual assault while hiding. However, information regarding sexual terrorization of children and adolescents is slim to none.

Experiencing sexual terrization at a young age is traumatic. Paul Valent, a researcher, clinician, and child survivor of the Holocaust uses pyschological symptoms of distress, interpersonal relations, the type of abuse experienced, coping skills, and resilience to determine the mindset of children compared to adults who were sexually abused (Valent, 1980). The results concluded that children reported similar trauma responses at the time of trauma and throughout their life. The difference is that Holocaust atrocities and childhood sexual abuse are clinically the two most serious childhood traumas. Thus, the effects of these factors would be extremely detrimental (Lev-Wiesel & Amir, 2003). Even with this information being known, the prevalence of sexual abuse in Holocaust child survivors is uknown.

The sexual abuse of Jewish children and adolescents during the Holocaust has not yet been systematically examined (Lev-Wiesel & Amir, 2003). There could be many reasons as to why childhood survivors do not make clinical and empirical reports with their experiences. One reason may involve embarrassment or denial of the experience happening in the first place. Another reason may involve therapists who treat Holocaust survivors. If a therapist does not comprehend the significance of what a survivor is saying, then the therapist could overlook certain issues and focus on just the atrocities suffered by the individual. Therapists who are second generation Holocaust survivors might even avoid sexual abuse as they themselves fear what they might uncover. Dr. Yael Danieli, a clinical psychologist, victimologist, traumatologist, and the Director of the Group Project for Holocaust Survivors and their Children, raised the possibility that the second generation Holocaust survivors do not question their parents because they fear that their mothers were raped. Nevertheless, bringing up such experiences would overall help with the examination of the psychological impact of sexual abuse during World War II.

Survivors of traumatic childhood experiences such as sexual abuse often have a sense of horror, terror, vulnerability, and betrayal that interferes with any intimate relationship throughout their life (Briere & Elliott, 1994). Victimization in childhood often leads to depression, anxiety, guilt, sleep disturbances, poor appetite, obsessive thoughts about the victimization itself, and

Post Traumatic Stress Disorder. The Nazi persecution of the Jews, along with the circumstances of war, “led to the separation of families, physical and psychological suffering, hunger, humiliation, and the continual witnessing of cruelty” (Lev-Wiesel & Amir, 2003). With this in mind, most accounted clinical and empirical reports focus heavily on the separation from parents, becoming orphaned, and/or being abandoned. Memories of physical pain focus on harsh weather, starvation, “violence”, and being unable to move for extremely long periods of time (Kestenberg & Kestenberg, 1988; Krell, 1993; Lee, 1988; Moskovitz & Krell, 1990). It is hard to believe that survivors, who were children, went through these stressors without any coping resources and adaptations that adults had. Basically, children were adults in the bodies of children during a period of time that consisted of different types of traumatic experiences (Gampel, 1992).

During the Holocaust, there was a wide variety of experiences among individuals. For instance, many Jews were incarcerated in concentration camps, while others managed to avoid imprisonment by “hiding under a false identity in monasteries, orphanages, and Christian foster families, or by physically hiding in the woods or in barns” (Kestenberg & Brenner, 1986). Research on child survivors reveals that those who hid during the war will have avoidance thoughts whereas those who were placed in concentration camps will have intrusive thoughts. The Posttraumatic Stress Disorder (PTSD) patterns among children who were hiding and those in concentration camps were the same. This is due to each childs’ age at the time of the trauma and the cumulative number of stressful events that were important for the development of PTSD symptoms. The younger the child and the greater the number of stressful events would cause more symptoms of psychogenic amnesia, hypervigilance, and emotional detachment. The most interesting result came from an in-depth study, comparing four groups of Holocaust child survivors. Out of convents, hiding/partisans, concentration camps, and being with non-Jewish foster families, those who were given to non-Jewish families had more psychological problems in adulthood. These problems include PTSD, Quality of Life (QoL), Self-Identity, and Potency.

Childhood sexual abuse causes a wide variety of psychological, behavioral, and social difficulties in adults. Symptoms include depression, poor self-esteem, interpersonal difficulties, substance abuse, and personality disorders (Finkelhor, 1990). The age at which sexual abuse occurs appears to be critical in this context. Sexual abuse at a young age will most likely result in severe forms of PTSD than other forms of abuse (Kilpatrick, Saunders, Amick-McMullen, & Best, 1989; Ullman & Filipas, 2001). Numerous studies have addressed the feelings that survivors of childhood sexual abuse have toward themselves including low self-esteem and self-hatred (Briere, 1989). Self-blame occurs when survivors hold the belief that they are responsible for the abuse perpetrated against them. This is the common result of the abuser telling the child that it is their fault for being abused. This helps shift the blame from themselves by placing it on the child (Bass & Davis, 1988).

When seeking therapy, survivors of childhood sexual abuse do not directly address the abuser as the issue. Rather, they are disturbed by “flashbacks, intrusive memories, anxiety, depression, nightmares, and negative thoughts” (Briere, 1989; Browne & Finkelhor, 1986). Many women explain and describe sexual abuse as the worst traumatic experience of their lives. Especially if it involved pysical and sexual abuse during their childhood (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). The fact of the matter is that Jewish children during the Holocaust were completely dependent on their sexual persecutors. They were often foster parents or other adults who literally hid them from the world for a significant portion of their lives. Thus, this is why the effects of sexual abuse is traumatic for children as it is

extremely detrimental to their health. The research and information provided supports the idea as to why victims of childhood sexual abuse tend to not discuss their issues directly in therapy or in any other form. Independenly, it is proven that Holocaust survivors will not typcially volunteer this information as it is so detrimental to their health (Lev-Wiesel & Amir, 2003).

There are many studies that go into great detail on the thereaputic needs of Holocaust survivors, however, only a few studies actually deal with Holocaust child survivors who were victimes of sexual abuse. The research information listed in this essay comes from a small number of participants who were recruited through media platforms such as radio programs. The information the Holocaust child survivors provided gives the world clinical implications for understanding and treating these victims of sexual abuse.

The increased awareness of the issue of their particular sexual abuse will enhance the treatment by clinicians within the therapeutic setting. Of course, survivors may avoid disclosing sexual abuse because of the embarrassment/shame that correlates with what they consider to be part of their punishment. Evidently, they should not feel punishment or blame for being a Jew. Nor should they feel responsible for their adopted parents, or parents sexually abusing them. For that reason, it is important for clinicians, researchers, and academics to realize that sexual abuse existed within the Holocaust and to view each individuals' case with serious implications. In a therapeutic setting, they should be alert to "hints" within the stories of the survivors.

Hopefully, more papers such as this will contribute to the development of intervention strategies for aging Holocaust child-survivors and other groups of child refugees who suffer from sexual abuse. In addition, the research and information will hopefully serve to provide evidence towards theoretical ideas on long-term effects and the weight of sexual abuse trauma within the Holocaust. It is important now, more than ever, to break the code of silence regarding sexual abuse trauma in the Holocaust, wars, and in everyday world. It is time that the feelings of fear, helplessness, and horror, turn into feelings of confidence, hope, and happiness.