

# Working with Survivors of Sexual Abuse

Mark O'Brien, LCSW-R

1. Message to survivors
2. Perspectives necessary for this task
3. Review of Erickson's Developmental Stages
4. Traits & characteristics of families
  - a. The family process
  - b. Family messages to survivors of abuse
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They are survivors. If you don't have respect for their strength you can't be of any help. It's a privilege that they let you in - there's no reason they should trust you - none. You can't know their terror - it's your worst nightmare come true - a nightmare from which you never awaken. It's unrelenting. There has been no safety: no one, no time, no place, no thing - all was tainted. Hope was obliterated - time and time again. That they are in your office is in itself a supreme act of valor.

HEALING DOESN'T MEAN THE  
DAMAGE NEVER EXISTED. IT  
MEANS IT NO LONGER CONTROLS  
YOUR LIFE.

# Working with Survivors of Abuse

## Part II: Uncovering the Abuse

Presented by Mark O'Brien, CSW

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### More important therapist perspectives/qualities:

- Have to believe healing is possible from this man-made trauma
- Have to be able to witness great pain
- Have to be willing to believe the unbelievable.
- Present a healthy role-model. Be genuine, honest, predictable.

### Important Issues:

- Therapist gender may be important to the patient.
- Abuse is never fantasized - it is real history.
- Survivors feel that their body betrayed them and their body is the enemy.
- Allow expression of anger: validate anger as a healthy response. Anger is empowering.
- Survivors need to forgive themselves.
- Validate and normalize coping mechanisms.
- Assist in building informal support system.
- Encourage the survivor to feel in order to re-integrate the affect.

### Things to Avoid:

- Avoid giving the message that the patient is in any way responsible for the abuse.
- Avoid minimizing the abuse.
- Avoid spending time trying to understand the abuser.
- Avoid implying that the survivor needs to forgive the abuser.
- Avoid implying that sexual preference is the result of abuse.
- Avoid touching without permission.
- An authoritarian stance can be a problem because it risks re-abusing the patient.

### Uncovering the Abuse:

- Emotional abuse is always a component of sexual and physical abuse.
- Look for "red flags" that alert you to abuse.
- Ask for specifics and details.
- Rephrase and return to subject.
- Use creative modalities, methods of expression other than verbal. Survivors often operate in other sensory modes such as visual or kinesthetic.

## Erickson's Developmental Tasks

**T**rust vs. Mistrust - Hope (Infants, 0 to 1 year)

**A**utonomy vs. Shame & Doubt - Will (Toddlers, 2 to 3 years)

- Main Question: "Can I do things myself or must I always rely on others?"

**I**nitiative vs. Guilt - Purpose (Preschool, 3 to 5 years)

- Main Question: "Am I good or am I bad?"

**I**ndustry vs. Inferiority - Competence (Childhood, 6 to 11 years)

- Main Question: "How can I be good?"

**I**dentify vs. Role Confusion - Fidelity (Adolescents, 12 to 19 years)

- Main Question: "Who am I and where am I going?"

**I**ntimacy vs. Isolation - Love (Young Adults, 20 to 40 years)

- Main Question: "Am I loved and wanted?" or "Shall I share my life with someone or live alone?"

**G**enerativity vs. Stagnation - Care (Middle Adulthood, 45 to 65 years)

- Main Question: "Will I produce something of real value?"

**I**ntegrity vs. Despair - Wisdom (Seniors, 65 years onwards)

- Main Question: "Have I lived a full life?"

# The Family Process

## Two broad family types:

1. Normal appearing
2. Chaotic

## Characteristics of each:

1. Isolated socially, psychologically and physically
2. Boundary problems - too rigid outside too permeable inside
3. Enmeshment within the family yet emotional and physical deprivation
4. Role reversal between parent and children
5. Usually "low touch" families with affection expressed sexually
6. Power imbalance and sexual and communication problems between spouses

## Patterns of intergenerational transmission:

1. Incest as a symptom of transgenerational family process with intrapsychic and interpersonal dimension (Calof, 1987)
2. Denial and dissociation are primary mechanisms of the intrapsychic process
3. Both parents may have been emotionally deprived themselves, physically and/or sexually abused or witnesses to such abuse in their families of origin
4. Destructive triangulation (Rist, 1979) children meet the needs of parents while their needs go unmet. This process occurs across generations
5. Shame (Fossum & Mason, 1986)
6. Inconsistency of parental response
7. Co-dependency

## Family rules and injunctions:

1. Double bind communication
2. Don't feel
3. Stay in control at all times
4. Deny what is happening - disbelieve your own perception
5. Do not trust yourself or anyone else
5. Do not tell - you will not be believed nor will you be helped
7. Be ashamed of yourself - you are to blame
8. Idiosyncratic rules

FAMILY MESSAGES TO SURVIVORS OF CHILDHOOD SEXUAL ABUSE

- \* Don't feel. Keep your feelings in check. Do not show your feelings, especially anger.
- \* Be in control at all times. Do not show weakness. Do not ask for help.
- \* Deny what is really happening. Disbelieve your own senses/perceptions. Lie to yourself and to others.
- \* Don't trust yourself or anyone else. No one is trustworthy.
- \* Keep the secret. If you tell you will not be believed and it will not get help.
- \* Be ashamed of yourself. You are to blame for everything.

# Common Aftereffects of Incest

Occur at the time of abuse and later; may be chronic or may develop in delayed fashion

1. Symptoms of traumatic stress;
  - numbing
  - reexperiencing other reactions to trauma
  
2. Emotional effects;
  - depression
  - anxiety
  - guilt
  - grief
  - vulnerability
  - rage
  - loss
  - fear of loss of control
  
3. Self-perceptions and cognitive effects;
  - cognitive distortions
  - self-blame, and self-denigration (Jehu, 1988)
  - shame
  
4. Somatic effects;
  - somatic disorders and somatization
  - directly and indirectly related to focus of abuse
  - physiological changes and dysregulation
  
5. Sexual effects;
  - sexual emergence
  - sexual identity
  - arousal, response and satisfaction (Maltz & Holman, 1987)
  
6. Interpersonal relating and functioning;
  - mistrust, relational and intimacy disturbances
  - other directedness, acting in, and acting out (Briere, 1989)
  - family and parenting difficulties
  
7. Social effects;
  - inability to function, usually over functioning, occupationally and socially
  - antisocial, deviant behaviors
  - compulsive and addictive behaviors

# Severity of Aftereffects by Type of Abuse

The variables of incest most related to severity of aftereffects are:

1. Duration and frequency
2. Type of sexual activity
3. Use of force
4. Child's age at onset
5. Age, gender and relatedness of perpetrator
6. Child's submission or participation
7. Overt or disclosed incest with lack of assistance
8. Parental reaction
9. Institutional response

Many of these are interrelated.

The child's personality and moderators can also affect response.

## Symptom Constellation of Adult Survivors (cont.)

- History of revictimization
- History of self-injury
- History of suicidality, suicide attempts
- Polarities of behavior
- Difficulty establishing therapeutic alliance
  - multiple previous diagnoses and therapies
  - abuse by a previous therapist
- Amnesia
  - past
  - current
- Negative identity/shame; identity diffusion
- Anger (often unrecognized and/or displaced)
- Grief

## *The Incest Survivors' Aftereffects Checklist*

Do you find many characteristics of yourself on this list? If so, you could be a survivor of incest.

- \_\_\_\_\_ 1. Fear of being alone in the dark, of sleeping alone; nightmares, night terrors (especially of pursuit, threat, entrapment)
- \_\_\_\_\_ 2. Swallowing and gagging sensitivity; repugnance to water on one's face when bathing or swimming (suffocation feelings)
- \_\_\_\_\_ 3. Alienation from the body—not at home in own body; failure to heed body signals or take care of one's body; poor body image; manipulating body size to avoid sexual attention
- \_\_\_\_\_ 4. Gastrointestinal problems; gynecological disorders (including spontaneous vaginal infections); headaches; arthritis or joint pain
- \_\_\_\_\_ 5. Wearing a lot of clothing, even in summer; baggy clothes; failure to remove clothing even when appropriate to do so (while swimming, bathing, sleeping); extreme requirement for privacy when using bathroom
- \_\_\_\_\_ 6. Eating disorders, drug or alcohol abuse (or total abstinence); other addictions; compulsive behaviors
- \_\_\_\_\_ 7. Self-destructiveness; skin carving, self-abuse
- \_\_\_\_\_ 8. Phobias
- \_\_\_\_\_ 9. Need to be invisible, perfect, or perfectly bad
- \_\_\_\_\_ 10. Suicidal thoughts, attempts, obsession (including "passive suicide")
- \_\_\_\_\_ 11. Depression (sometimes paralyzing); seemingly baseless crying
- \_\_\_\_\_ 12. Anger issues; inability to recognize, own, or express anger; fear of actual or imagined rage; constant anger; intense hostility toward entire gender or ethnic group of the perpetrator
- \_\_\_\_\_ 13. Splitting (depersonalization); going into shock, shutdown in crisis; a stressful situation always is a crisis; psychic numbing; physical pain or numbness associated with a particular memory, emotion (e.g., anger), or situation (e.g., sex)
- \_\_\_\_\_ 14. Rigid control of one's thought process; humorlessness or extreme solemnity
- \_\_\_\_\_ 15. Childhood hiding, hanging on, cowering in corners (security-seeking behaviors); adult nervousness over being watched or surprised; feeling watched; starile response
- \_\_\_\_\_ 16. Trust issues: inability to trust (trust is not safe); total trust; trusting indiscriminately
- \_\_\_\_\_ 17. High risk taking ("daring the fates"); inability to take risks
- \_\_\_\_\_ 18. Boundary issues; control, power, territoriality issues; fear of losing control; obsessive/compulsive behaviors (attempts to control things that don't matter, just to control something)
- \_\_\_\_\_ 19. Guilt, shame; low self-esteem, feeling worthless; high appreciation of small favors by others
- \_\_\_\_\_ 20. Pattern of being a victim (victimizing oneself after being victimized by others), especially sexually; no sense of own power or right to set limits or say no; pattern of relationships with much older persons (onset in adolescence)

- \_\_\_\_\_ 21. Feeling demand to "produce and be loved"; instinctively knowing and doing what the other person needs or wants; relationships mean big tradeoffs (love was taken, not given)
- \_\_\_\_\_ 22. Abandonment issues
- \_\_\_\_\_ 23. Blocking out some period of early years (especially 1-12), or a specific person or place
- \_\_\_\_\_ 24. Feeling of carrying an awful secret; urge to tell, fear of its being revealed; certainty that no one will listen; being generally secretive; feeling "marked" (the "scarlet letter")
- \_\_\_\_\_ 25. Feeling crazy; feeling different; feeling oneself to be unreal and everyone else to be real, or vice versa; creating fantasy worlds, relationships, or identities (especially for women: imagining or wishing self to be male, i.e., not a victim)
- \_\_\_\_\_ 26. Denial: no awareness at all; repression of memories; pretending; minimizing ("it wasn't that bad"); having dreams or memories ("maybe it's my imagination"); strong, deep, "inappropriate" negative reactions to a person, place, or event; "sensory flashes" (a light, a place, a physical feeling) without a sense of their meaning; remembering the surroundings but not the event
- \_\_\_\_\_ 27. Sexual issues: sex feels "dirty"; aversion to being touched, especially in gynecological exam; strong aversion to (or need for) particular sex acts; feeling betrayed by one's body; trouble integrating sexuality and emotionality; confusion or overlapping of affection, sex, dominance, aggression, and violence; having to pursue power in sexual arena which is actually sexual acting out (self-abuse and manipulation, especially among women; abuse of others, especially among men); compulsively "seductive" or compulsively asexual; must be sexual aggressor or cannot be; impersonal, "promiscuous" sex with strangers concurrent with inability to have sex in intimate relationship (conflict between sex and caring); prostitute, stripper, "sex symbol," porn actress; sexual acting out to meet anger or revenge needs; "sexaholism"; avoidance; shutdown; crying after orgasm; all pursuit feels like violation; sexualizing of meaningful relationships; erotic response to abuse or anger, sexual fantasies of dominance or rape (Note: Homosexuality is not an aftereffect)
- \_\_\_\_\_ 28. Pattern of ambivalent or intensely conflictive relationships (intimacy is a problem; also focus shifted from incest issues)
- \_\_\_\_\_ 29. Avoidance of mirrors (connected with invisibility, shame/self-esteem issues, distrust of perceived body image)
- \_\_\_\_\_ 30. Desire to change one's name (to disassociate from the perpetrator or to take control through self-labeling)
- \_\_\_\_\_ 31. Limited tolerance for happiness; active withdrawal from happiness, reluctance to trust happiness ("ice=thin")
- \_\_\_\_\_ 32. Aversion to making noise (including during sex, crying, laughing, or other body functions); verbal hypervigilance (careful monitoring of one's words); quiet-voiced, especially when needing to be heard
- \_\_\_\_\_ 33. Stealing (adults); stealing and starting fires (children)
- \_\_\_\_\_ 34. Multiple personality

# Goals of Treatment

1. Development of a commitment to treatment and the establishment of a therapeutic alliance
2. Acknowledgement and acceptance of the occurrence of the incest
3. Recounting the incest
4. The breakdown of feelings of isolation and stigma
5. The recognition, labeling and expression of feelings
6. The resolution of responsibility and survival issues
7. Grieving
8. Cognitive restructuring of distorted beliefs and stress responses
9. Self-determination and behavioral changes
10. Education and skill-building

ADULT SURVIVORS - STAGES OF RECOVERY

1. The Decision to Heal
2. The Emergency Stage
3. Remembering
4. Believing It Happened
5. Breaking Silence
6. Understanding That It Wasn't Your Fault
7. Making Contact With the Child Within
8. Trusting Yourself
9. Grieving and Mourning
10. Anger - the Backbone of Healing
11. Disclosures and Confrontations
12. Forgiveness?
13. Spirituality
14. Resolution and Moving On

# Stages of Forgiveness

## STAGE ONE: IDENTIFY PERPETRATOR AND TRANSGRESSION

- I know who it was that has affected me negatively.
- I know what specific behavior(s) it was that has been physically, emotionally, or spiritually damaging to me.

## STAGE TWO: IDENTIFY, EXPERIENCE, AND PROCESS THE EMOTIONS

- I have felt the emotions associated with the offensive, damaging behavior. I have found a safe place to process these feelings.
- If it was safe to do so, I have spoken to the person regarding the adverse effects I endured as a result of his/her behavior.
- If it was not safe to do so, I was able to do it in therapy using an imaginary technique (e.g., role playing, psychodrama, the empty chair, etc.).

## STAGE THREE: UNDERSTAND THE NEED FOR FORGIVENESS

- I understand the benefits of forgiveness.
- I have reached a point where I recognize what has transpired, have begun developing compassion for myself, and am now able to see the perpetrator as a human being.

**Important Distinction:** Many people, including clergy members, philosophers, psychotherapists, and psychologists, *erroneously* believe that full forgiveness requires the victim to accept the perpetrator back into the relationship. What is actually required of the victim is that (s)he accept the perpetrator back into the human race (i.e., (s)he is no longer stripped of his/her humanity, regardless of whether the victim chooses to reestablish a personal relationship with him/her).

As Joan Borysenko states in *Guilt Is the Teacher, Love Is the Lesson*

Forgiveness is not a lack of discrimination whereby we let all the criminals out of prison: it is an attitude that permits us to relate to the pain that led to their errors and recognize their need for love. (1991, p. XXX)

## STAGE FOUR: SET CLEAR BOUNDARIES

- I have set clear boundaries with the perpetrator:
- I understand the need for and my right to protect myself.
- I feel competent in setting and maintaining these boundaries to keep me physically and emotionally safe.

## STAGE FIVE: INTEGRATE THE PAST AND BEGIN RECREATING THE FUTURE

- I have made an internal choice to forgive and I have willingness to recreate a meaningful life for myself.

# Flashbacks

By Laurieann Chutis, A.C.S.W.

## What are they?

Flashbacks are memories of past traumas. They may take the form of pictures, sounds, smells, body sensations, feelings or the lack of them (numbness). Many times there is no actual visual or auditory memory. One may have the sense of panic, being trapped, feeling powerless with no memory stimulating it. These experiences can also happen in dreams.

As a child (or adolescent), we had to insulate ourselves from the emotional and physical horrors of the trauma. In order to survive, that insulated child remained isolated, unable to express the feelings and thoughts of that time. It is as though we put that part into a time capsule until it comes out full-blown in the present.

When that part comes out, the little one is experiencing the past as if it were happening today. As the flashback occurs, it is as if we forget that we have an *adult* part available to us for reassurance, protection and grounding. The intense feelings and body sensations occurring are so frightening because the feelings/sensations are not related to the reality of the present and many times seem to come from nowhere.

We begin to think we are crazy and afraid of telling anyone (including our therapist) of these experiences. We feel out of control and at the mercy of our experiences.

We begin to avoid situations, and stimuli, that we think triggered it. Many times flashbacks occur during any form of sexual intimacy, or it may be a person who has similar characteristics to the perpetrator, or it may be a situation today that stirs up similar trapped feelings (confronting aggressive people).

If you are feeling small...you are experiencing a flashback.

If you are experiencing stronger feelings than are called for in the present situation...you are experiencing a flashback.

## Flashbacks are normal

Vietnam vets have normalized this experience and have coined the term *post traumatic* stress syndrome.

Even the diagnostic category book for psychiatry defines post traumatic stress syndrome as the normal experience of all people experiencing an event that is outside the range of normal human experience.

Flashbacks feel crazy because the little one doesn't know that there is an adult survivor available to help.

# Transference Issues in Treating Incest Trauma

- Betrayal, disillusionment, mistrust
  - criticism and judgement
- Traumatic transference
  - you will do to me what others did
  - you will be gratified by exploiting me
- Shame, self-hatred, and low self-esteem
- Interpersonal/intimacy difficulties
- Guilt, complicity, and responsibility
  - sexual issues
  - power issues
- Defenses, survivor skills, and accommodation mechanisms
- Caretaking and learned responsibilities
- Loss and grief
  - abandonment
- Rage and anger
  - "I will endanger you with my story"

*"Tell me about your guilt"*

*"If you only knew what I had done to get attention, you would hate me."*

# Countertransference Issues in Treating Incest Trauma

- Denial, distancing, blame
- Guilt
- Rage
- Dread and horror
- Shame
- Grief and mourning
- Therapist as liberator \*\*
- Survivor as hero
- "We are all survivors"
- Language muting
- Privileged voyeurism
- Defense like survivor's
- Conflict over professional roles and boundaries
- Sexualization or other exploitation of the relationship

(Adapted from Daniell, 1984)

\*\* Therapist is not the parent and cannot make up for past losses. Losses must be grieved. Therapist will be traumatized doing this work. Therapist must decline being another sadistic abuser (Herman, 1987).

## Recommended Reading

1. The Courage to Heal: by Ellen Bass & Laura Davis
2. Secret Survivors: by E. Sue Blume
3. Adult Children of Abusive Parents: by Steven Farmer
4. Toxic Parents: by Susan Forward
5. Quick Steps to Resolving Trauma: by Bill O'Hanlon